



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

\*\*\*    \*\*\*    \*\*\*



AUTO SAFETY HOTLINE  
(800) 424-9393  
Wash. D.C. Area 366-0123

This document is disseminated under the sponsorship of the Department of Transportation in the interest of information exchange. The United States Government assumes no responsibility for the contents or use thereof.

The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration (NHTSA).

The crash investigation process is an inexact science that requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre- crash, crash, and post- crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

The attached case summary was completed prior to NHTSA establishing a National Automotive Sampling System/ Special Crash Investigations Program combination case procedure.



**CALSPAN REVIEW OF NASS AIR BAG DEPLOYMENT CASE  
CASE NO. 96-11-163J**

**1996 Ford Escort Equipped with Dual Air Bags  
1997 Mercury Mountaineer.**

**LOCATION - STATE OF**

**SUMMARY**

This accident occurred on [REDACTED]. It was sampled as a NASS case. The child was initially reported as brain dead but parents refused to have child removed from life support. Since then the child has shown some improvement.

The 1996 Ford Escort collided front-to-front with a 1997 Mercury Mountaineer. Driver and passenger air bags deployed in both vehicles. The 3 year old male RF passenger sustained fatal injuries. The 2-pt lap belt was worn. The investigator believes the 2-pt motorized shoulder belt was worn under the right shoulder (per injury to the axilla-armpit).

Injuries TO RF Passenger

- Bruise across lower abdomen
- Abrasion right groin
- Contusion to right shoulder
- Contusion to right hand
- Abrasion to right axilla
- Right frontal temporal contusions (external)
- Small, left temporal laceration
- Diagnosis = right frontal parietal brain contusion

On [REDACTED], the child was on Dilantin to avert seizures, but doctors were attempting to reduce this drug gradually. He evidently bit his tongue during intubation which resulted in some sort of infection. He was treated for that after discharged. His tracheostomy is downsizing to 2.0. Functional mobility is showing increased tone in the upper right and lower right extremities. He is able to sit independently, stand with support, but is not initiating any steps. He is able to roll with minimal assistance and can get on all fours and rock. He is not dressing himself yet. He can grasp and release with right hand. He will turn to the right in response to activity only once out of three times. He will reach with the left upper extremity upon command. He is inconsistent in following commands and thus displayed some apraxia. He is able to sit for short periods with minimal assistance. He managed to take a popsickle and with some difficulty get it into his mouth and actually swallow.

Not great, but he is conscious. Doesn't look like he will fully recover and will probably have permanent brain disabilities. Note in record indicates parents not fully aware of the severity of injury and will require training and special care needs.

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU 11 CASE NO. 163J TYPE OF ACCIDENT

## A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

PSU11 1996 Case Summary Form  
CASE 163J  
TYPE OF ACCIDENT: TWO VEHICLE, HEAD ON.

## A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

Vehicle one was travelling east on a five lane urban roadway, in lane three. Vehicle two was travelling west, on the same roadway, in lane two. Vehicle one, front, contacted the front of vehicle two, front, in the second west bound lane.

Both vehicles were towed.

The two occupants of vehicle one were hospitalized.

## B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	

PSU11 1996 Case Summary Form  
CASE 163J  
TYPE OF ACCIDENT: TWO VEHICLE, HEAD ON.

## B. VEHICLE PROFILE(S)

Veh. No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Descr.	
1	Sub Compact	96/Ford/Escort SW	Front	Moderate	None
2	Compact Utility	97/Mercury/Mountaineer	Front	Moderate	None

DO NOT SANITIZE THIS FORM

## C. PERSON PROFILE(S)

BEST AVAILABLE

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source

PSU11

1996 Case Summary Form

CASE 163J

TYPE OF ACCIDENT: TWO VEHICLE, HEAD ON.

## C. PERSON PROFILE(S)

Most Severe Injury  
(TO BE COMPLETED BY ZONE CENTER)

Vehicle No.	Person Role	Seat Position	Restraint Use	Body Region	Injury Type	AIS	Injury Source
1	Driver	LF	2point auto/ AirBag	live	laceration	4	seatbelt restraint
1	Pass.	RF	lap/AirBag	brain	other (axonal injury)	5	passenger airbag
2	Driver	LF	L&S/AirBag	hand	contusion	1	mirror

<b>Body Region</b>	<b>Injury Type</b>	<b>Abbreviated Injury Scale</b>
Abdomen	Pelvic-hip	(1) Minor injury
Ankle-foot	Pulmonary-lungs	(2) Moderate injury
Arm (upper)	Shoulder	(3) Serious injury
Back-thoracolumbar spine	Spleen	(4) Severe injury
Brain	Thigh	(5) Critical injury
Chest	Thyroid, other endocrine gland	(6) Maximum (untreatable)
Ears	Upper limb(s) (whole or unknown part)	(7) Injured, unknown severity
Eye	Vertebrae	
Elbow	Whole body	
Face	Wrist-hand	
Forearm		
Head-skull		
Heart		
Kidneys		
Knee		
Leg (lower)		
Liver		
Lower limb(s) (whole or unknown part)		
Mouth		
Neck-cervical spine		
Nose		

DO NOT SANITIZE THIS FORM



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

# ACCIDENT COLLISION DIAGRAM

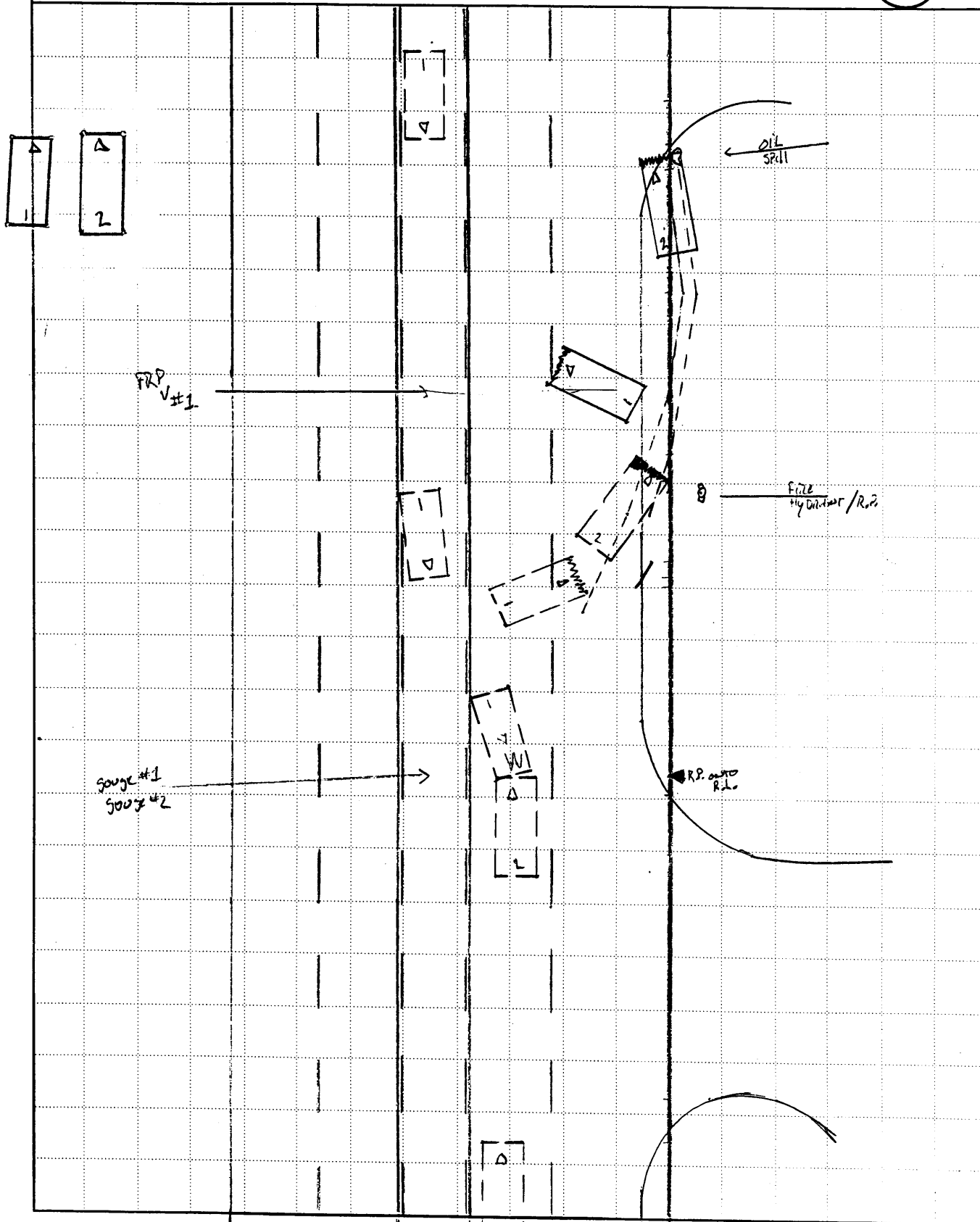
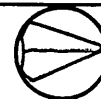
BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU No. 11

Case Number—Stratum 1031

Indicate  
North





## ACCIDENT COLLISION DIAGRAM

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

Scale: 1 centimeter = \_\_\_\_\_ meters



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

# ACCIDENT COLLISION DIAGRAM

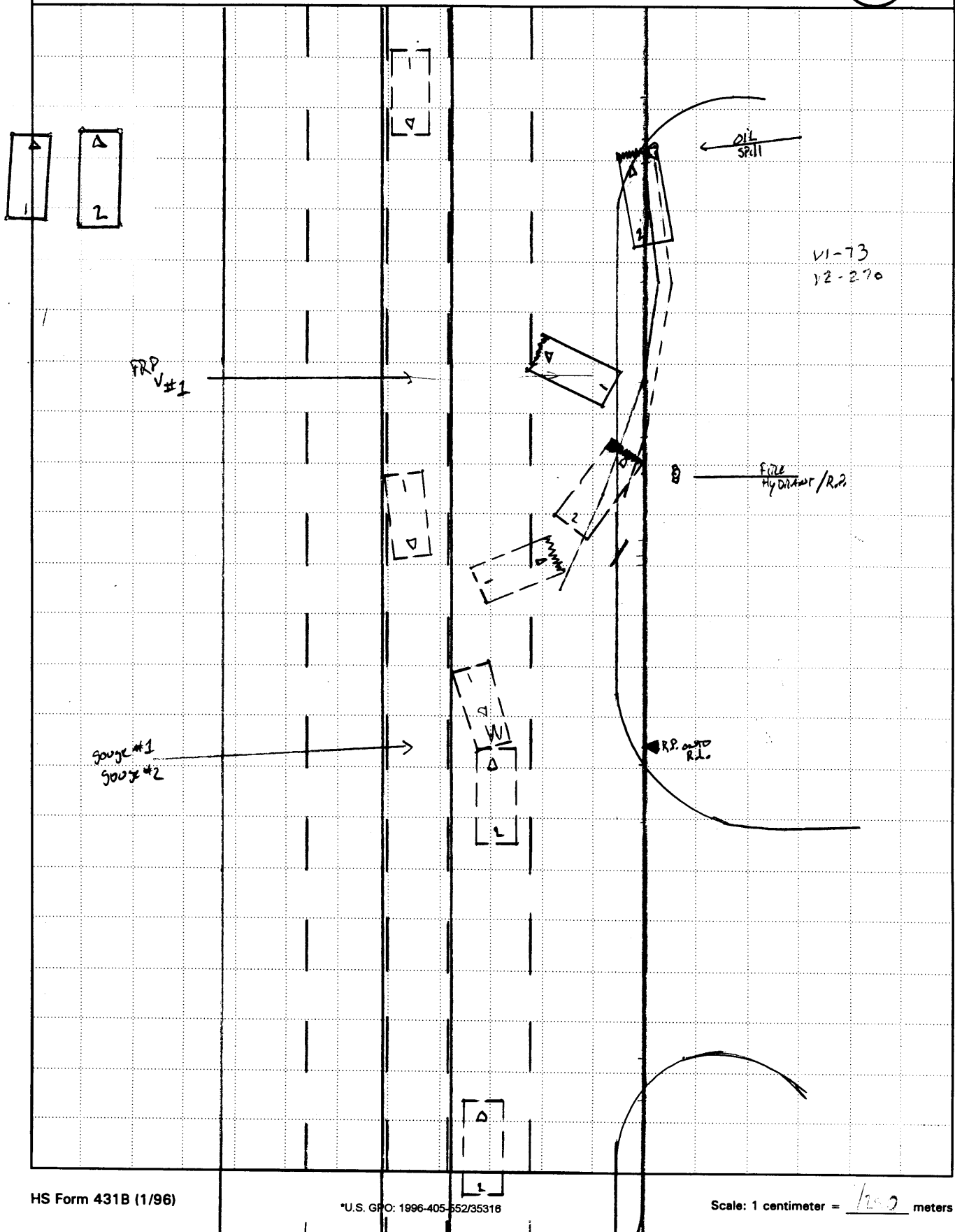
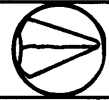
BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU No. 11

Case Number—Stratum 1631

Indicate  
North





# ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 1 1

h6

Case Number—Stratum 1 6 3 5

## ACCIDENT COLLISION DIAGRAM

### Document the physical plant:

- all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., signs/signals, etc.)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)

### Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

### CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	_____	_____	_____
Surface Type	<u>Bit</u> →	<u>Y</u>	_____
Surface Condition	<u>dry</u> →	<u>7</u>	_____
Coefficient of Friction	_____	_____	_____
Grade (v/h) Measurement (between impact and final rest)	<u>level</u> →	<u>7</u>	_____
Grade (v/h) Measurement (at location of rollover initiation)	_____	_____	_____
Grade (v/h) Measurement (at pre-crash location)	<u>level</u> →	<u>7</u>	_____

Reference Point: Front Hydraulic auto rol.

Reference line: N. side walk edge

Item		Distance and Direction from Reference Point	Distance and Direction from Reference Line
R.P.	X	13.5 W	1.6 N
group 1	X	.6 W	7.3 S
" " 2	X	.6 W	7.1 S
Begin A	X	7.7 W	4.0 S
MID A	X	12.3 W	1.9 S
MID A	X	18.3 W	Ø
MID A	X	23.0 W	.6 N
End A	X	28.0 W	Ø
Begin B		12.3 W	1.0 S
MID B		15.3 W	Ø
MID B		23.0 W	1.2 N
End B		28.8	.5 N
Oil spill		29.2	.5 N







## ACCIDENT FORM

1. Primary Sampling Unit Number 11

2. Case Number - Stratum 163J

### IDENTIFICATION

3. Number of General Vehicle  
Forms Submitted 02

4. Date of Accident  
(Month, Day, Year)        19 6

5. Time of Accident                     

Code reported military time of accident.

NOTE: Midnight = 2400  
Unknown = 9999

### SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6.      SS15 Administrative Use 0

7.      SS16 Pedestrian Crash Data Study 0  
(Data for this special study available  
in a separate file.)

8.      SS17 Impact Fires 0

9.      SS18 Unsafe Driver Actions 0

10.      SS19 Run Off Road 0

### NUMBER OF EVENTS

11. Number of Recorded Events  
in This Accident 01

Code the number of events which occurred  
in this accident.

### ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>01</u>	15. <u>F</u>	16. <u>02</u>	17. <u>14</u>	18. <u>F</u>
19. <u>02</u>	20. <u>    </u>	21. <u>    </u>	22. <u>    </u>	23. <u>    </u>	24. <u>    </u>	25. <u>    </u>
26. <u>03</u>	27. <u>    </u>	28. <u>    </u>	29. <u>    </u>	30. <u>    </u>	31. <u>    </u>	32. <u>    </u>
33. <u>04</u>	34. <u>    </u>	35. <u>    </u>	36. <u>    </u>	37. <u>    </u>	38. <u>    </u>	39. <u>    </u>
40. <u>05</u>	41. <u>    </u>	42. <u>    </u>	43. <u>    </u>	44. <u>    </u>	45. <u>    </u>	46. <u>    </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

## CODES FOR CLASS OF VEHICLE

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>(00) Not a motor vehicle</li> <li>(01) Subcompact/mini (wheelbase &lt; 254 cm)</li> <li>(02) Compact (wheelbase ≥ 254 but &lt; 265 cm)</li> <li>(03) Intermediate (wheelbase ≥ 265 but &lt; 278 cm)</li> <li>(04) Full size (wheelbase ≥ 278 but &lt; 291 cm)</li> <li>(05) Largest (wheelbase ≥ 291 cm)</li> <li>(09) Unknown passenger car size</li> <li>(14) Compact utility vehicle</li> <li>(15) Large utility vehicle (≤ 4,536 kgs GVWR)</li> <li>(16) Utility station wagon (≤ 4,536 kgs GVWR)</li> <li>(19) Unknown utility type</li> <li>(20) Minivan (≤ 4,536 kgs GVWR)</li> <li>(21) Large van (≤ 4,536 kgs GVWR)</li> <li>(24) Van Based school bus (≤ 4,536 kgs GVWR)</li> <li>(28) Other van type (≤ 4,536 kgs GVWR)</li> <li>(29) Unknown van type (≤ 4,536 kgs GVWR)</li> <li>(30) Compact pickup truck (≤ 4,536 kgs GVWR)</li> </ul> | <ul style="list-style-type: none"> <li>(31) Large pickup truck (≤ 4,536 kgs GVWR)</li> <li>(38) Other pickup truck (≤ 4,536 kgs GVWR)</li> <li>(39) Unknown pickup truck type (≤ 4,536 kgs GVWR)</li> <li>(45) Other light truck (≤ 4,536 kgs GVWR)</li> <li>(48) Unknown light truck type (≤ 4,536 kgs GVWR)</li> <li>(49) Unknown light vehicle type</li> <li>(50) School bus (excludes van based)(&gt; 4,536 kgs GVWR)</li> <li>(58) Other bus (&gt; 4,536 kgs GVWR)</li> <li>(59) Unknown bus type</li> <li>(60) Truck (&gt; 4,536 kgs GVWR)</li> <li>(67) Tractor without trailer</li> <li>(68) Tractor-trailer(s)</li> <li>(78) Unknown medium/heavy truck type</li> <li>(79) Unknown light/medium/heavy truck type</li> <li>(80) Motored cycle</li> <li>(90) Other vehicle</li> <li>(99) Unknown</li> </ul> |
|--|--|

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

- |  |  |   |   |
|--|--|---|---|
| <b>CDS APPLICABLE<br/>AND OTHER<br/>VEHICLES</b> | <ul style="list-style-type: none"> <li>(O) Not a motor vehicle</li> <li>(N) Noncollision</li> <li>(F) Front</li> </ul> | <ul style="list-style-type: none"> <li>(R) Right side</li> <li>(L) Left side</li> <li>(B) Back</li> </ul> | <ul style="list-style-type: none"> <li>(T) Top</li> <li>(U) Undercarriage</li> <li>(9) Unknown</li> </ul> |
|--|--|---|---|
- 
- |  |  |   |   |
|--|--|---|---|
| <b>TDC<br/>APPLICABLE<br/>VEHICLES</b> | <ul style="list-style-type: none"> <li>(O) Not a motor vehicle</li> <li>(N) Noncollision</li> <li>(F) Front</li> <li>(R) Right side</li> </ul> | <ul style="list-style-type: none"> <li>(L) Left side</li> <li>(B) Back of unit with cargo area<br/>(rear of trailer or straight truck)</li> <li>(D) Back (rear of tractor)</li> </ul> | <ul style="list-style-type: none"> <li>(C) Rear of cab</li> <li>(V) Front of cargo area</li> <li>(T) Top</li> <li>(U) Undercarriage</li> <li>(9) Unknown</li> </ul> |
|--|--|---|---|

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- |   |  |
|---|--|
| <p>(01-30) — Vehicle Number</p> <p>Noncollision</p> <ul style="list-style-type: none"> <li>(31) Overturn — rollover (excludes end-over-end)</li> <li>(32) Rollover — end-over-end</li> <li>(33) Fire or explosion</li> <li>(34) Jackknife</li> <li>(35) Other intraunit damage (specify): _____</li> <li>(36) Noncollision injury</li> <li>(38) Other noncollision (specify): _____</li> <li>(39) Noncollision — details unknown</li> </ul> <p>Collision With Fixed Object</p> <ul style="list-style-type: none"> <li>(41) Tree (≤ 10 cm in diameter)</li> <li>(42) Tree (&gt; 10 cm in diameter)</li> <li>(43) Shrubbery or bush</li> <li>(44) Embankment</li> <li>(45) Breakaway pole or post (any diameter)</li> </ul> <p>Nonbreakaway Pole or Post</p> <ul style="list-style-type: none"> <li>(50) Pole or post (≤ 10 cm in diameter)</li> <li>(51) Pole or post (&gt; 10 cm but ≤ 30 cm in diameter)</li> <li>(52) Pole or post (&gt; 30 cm in diameter)</li> <li>(53) Pole or post (diameter unknown)</li> <li>(54) Concrete traffic barrier</li> <li>(55) Impact attenuator</li> <li>(56) Other traffic barrier (includes guardrail)<br/>(specify): _____</li> </ul> | <ul style="list-style-type: none"> <li>(57) Fence</li> <li>(58) Wall</li> <li>(59) Building</li> <li>(60) Ditch or culvert</li> <li>(61) Ground</li> <li>(62) Fire hydrant</li> <li>(63) Curb</li> <li>(64) Bridge</li> <li>(68) Other fixed object (specify): _____</li> <li>(69) Unknown fixed object</li> </ul> <p>Collision with Nonfixed Object</p> <ul style="list-style-type: none"> <li>(70) Passenger car, light truck, van, or other vehicle not in-transport</li> <li>(71) Medium/heavy truck or bus not in-transport</li> <li>(72) Pedestrian</li> <li>(73) Cyclist or cycle</li> <li>(74) Other nonmotorist or conveyance</li> <li>(75) Vehicle occupant</li> <li>(76) Animal</li> <li>(77) Train</li> <li>(78) Trailer, disconnected in transport</li> <li>(79) Object fell from vehicle in-transport</li> <li>(88) Other nonfixed object (specify): _____</li> <li>(89) Unknown nonfixed object</li> <li>(98) Other event (specify): _____</li> <li>(99) Unknown event or object</li> </ul> |
|---|--|

**PRECRASH ENVIRONMENTAL DATA**

19. Relation To Interchange Or Junction 3  
 (0) Non-interchange area and non-junction  
 (1) Interchange area related

*Non-Interchange junctions*

- (2) Intersection related  
 (3) Driveway, alley access related  
 (4) Other junction (specify) \_\_\_\_\_

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow 0  
 (0) Not physically divided (two way traffic)  
 (1) Divided trafficway-median strip without positive barrier  
 (2) Divided trafficway-median strip with positive barrier  
 (3) One way traffic  
 (9) Unknown

21. Number Of Travel Lanes 5  
 (1) One  
 (2) Two  
 (3) Three  
 (4) Four  
 (5) Five  
 (6) Six  
 (7) Seven or more  
 (9) Unknown

22. Roadway Alignment 1  
 (1) Straight  
 (2) Curve right  
 (3) Curve left  
 (9) Unknown

23. Roadway Profile 1  
 (1) Level  
 (2) Uphill grade (> 2%)  
 (3) Hill crest  
 (4) Downhill grade (> 2%)  
 (5) Sag  
 (9) Unknown

24. Roadway Surface Type 2  
 (1) Concrete  
 (2) Bituminous (asphalt)  
 (3) Brick or block  
 (4) Slag, gravel, or stone  
 (5) Dirt  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry  
 (2) Wet  
 (3) Snow or slush  
 (4) Ice  
 (5) Sand, dirt, or oil  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

26. Light Conditions 1

- (1) Daylight  
 (2) Dark  
 (3) Dark, but lighted  
 (4) Dawn  
 (5) Dusk  
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions  
 (1) Rain  
 (2) Sleet/hail  
 (3) Snow  
 (4) Fog  
 (5) Rain and fog  
 (6) Sleet and fog  
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_  
 (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)  
 (1) Traffic control signal (not RR crossing)

*Regulatory*

- (2) Stop sign  
 (3) Yield sign  
 (4) School zone sign  
 (5) Other regulatory sign (specify): \_\_\_\_\_

- (6) Warning sign (not RR crossing)  
 (7) Unknown sign  
 (8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

(9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device  
 (1) Traffic control device not functioning (specify): \_\_\_\_\_  
 (2) Traffic control device functioning properly  
 (9) Unknown

**OCCUPANT RELATED**

37. Driver Presence in Vehicle 1  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown
38. Number of Occupants This Vehicle 02  
 (00-96) Code actual number of occupants for this vehicle  
 (97) 97 or more  
 (99) Unknown
39. Number of Occupant Forms Submitted 02

**AIR BAG RELATED**

40. Is this an AOPS Vehicle? 1  
 (0) No (includes unknown)  
 (1) Yes - researcher determined  
 (2) VIN determined air bag system  
 (3) VIN determined automatic (passive) belts  
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6  
 (0) Not equipped or not available  
 (1) No air bags deployed  
*Single Air Bag Vehicle*  
 (2) Driver air bag deployed  
 (3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
 (4) Driver side only deployed  
 (5) Passenger side only deployed  
 (6) Driver and passenger side deployed  
 (7) Driver and passenger side unknown if deployed  
 (8) Air bag(s) deployed, details unknown  
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
 (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

**VEHICLE WEIGHT ITEMS**

43. Vehicle Curb Weight 1,110  
 Code weight to nearest 10 kilograms.  
 (045) Less than 454 kilograms  
 (612) 6,124 kilograms or more  
 (999) Unknown  
 \_\_\_\_\_ lbs X .4536 = 1,109 kgs

Source: \_\_\_\_\_

44. Vehicle Cargo Weight 000  
 Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (454) 4,536 kilograms or more  
 (999) Unknown  
 \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

Source: \_\_\_\_\_

**ROLLOVER DATA**

45. Rollover 00  
 (00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
 (01-16) Code the number of quarter turns Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00  
 (00) No rollover  
 (01) Trip-over  
 (02) Flip-over  
 (03) Turn-over  
 (04) Climb-over  
 (05) Fall-over  
 (06) Bounce-over  
 (07) Collision with another vehicle  
 (08) Other rollover initiation type specify): \_\_\_\_\_  
 (98) Rollover--end-over-end  
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0  
 (0) No rollover  
 (1) On roadway  
 (2) On shoulder--paved  
 (3) On shoulder--unpaved  
 (4) On roadside or divided trafficway median  
 (8) Rollover--end-over-end  
 (9) Unknown
48. Rollover Initiation Object Contacted 00  
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0  
 (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify): \_\_\_\_\_  
 (6) Non-contact rollover forces (specify): \_\_\_\_\_  
 (8) Rollover--end-over-end  
 (9) Unknown
50. Direction of Initial Roll 0  
 (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (8) Rollover--end-over-end  
 (9) Unknown roll direction

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)
- (42) Tree ( $> 10$  cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)
- (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)
- (52) Pole or post ( $> 30$  cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_



# EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>11</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>1635</u>	

## VEHICLE IDENTIFICATION

VIN 1FASP95J1TW Model Year 96

Vehicle Make (specify): FORD Vehicle Model (specify): ESCORT

## LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	Front Damage Bump's <sup>SWAY</sup> <del>bumper</del> FL	Front	

## CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush								
1	Front	136	62 <sup>6</sup>	130	8	12	22	36	50	62	∅
	F.S.		10		20	4	1	1	4	10	
	S.d.		-1		-1	-1	-1	-1	-1	-1	
	Front	136	51 <sup>4</sup>	130	∅	7	20	34	45	51	∅
1	<del>bumper</del>	136	93 <sup>5</sup>	130	46	62	72	87	93	83	∅
	F.S.		-19		24	19	16	16	19	24	
	S.d.		-1		-1	-1	-1	-1	-1	-1	
1	Front	136	73 <sup>5</sup>	130	21	42	55	70	73	63	∅
1	Sum	136	59 <sup>5</sup>	130	21	25	38	52	59	51	∅
					11						

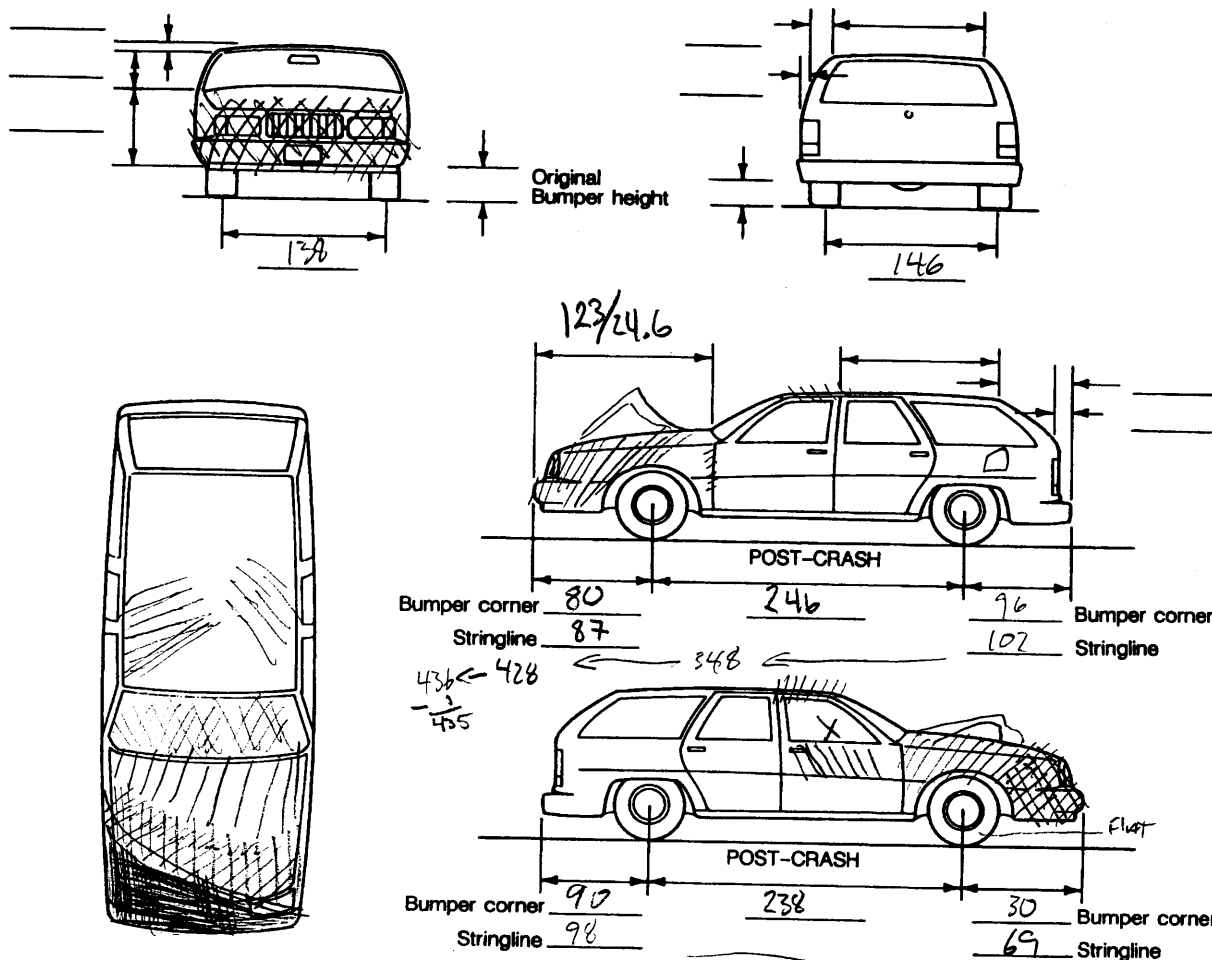
## ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	_____.	inches	x 2.54	=	_____	cm
Overall Length	_____.	inches	x 2.54	=	_____	cm
Maximum Width	_____.	inches	x 2.54	=	_____	cm
Curb Weight	_____/_____	pounds	x .4536	=	_____/_____	kg
Average Track	_____.	inches	x 2.54	=	_____	cm
Front Overhang	_____.	inches	x 2.54	=	_____	cm
Rear Overhang	_____.	inches	x 2.54	=	_____	cm
Undeformed End Width	_____.	inches	x 2.54	=	_____	cm
Engine Size: cyl./displ.	_____	cc	x .001	=	____.	L
	_____	CID	x .0164	=	____.	L

## VEHICLE DAMAGE SKETCH

<b>TIRE - WHEEL DAMAGE</b> a. Rotation physically restricted RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>  (1) Yes (2) No (8) NA (9) Unk.	<b>ORIGINAL SPECIFICATIONS</b> Wheelbase <u>250</u> cm Overall Length <u>435</u> cm Maximum Width <u>169</u> cm Curb Weight <u>1109</u> kg Average Track <u>144</u> cm Front Overhang <u>83</u> cm Rear Overhang <u>102</u> cm Undeformed End Width <u>144</u> cm Engine Size: cyl./displ. <u>1.9</u> L	<b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only) RF <u>± 20</u> ° LF <u>±</u> ° RR <u>±</u> ° LR <u>±</u> ° Within ± 5 degrees  <b>DRIVE WHEELS</b> <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD  Approximate Cargo Weight <u>0</u> kg
<b>TYPE OF TRANSMISSION</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No		

### MEASUREMENTS IN CENTIMETERS



**NOTES:** Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.  
 Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.



## CDC WORKSHEET

**CODES FOR OBJECT CONTACTED**

**(01-30) — Vehicle Number**

### Noncollision

- (31) Overturn — rollover (excludes end-over-end)  
(32) Rollover—end-over-end  
(33) Fire or explosion  
(34) Jackknife  
(35) Other intraunit damage (specify):

**(36) Noncollision injury**

(38) Other noncollision (specify):

**(39) Noncollision — details unknown**

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)  
(42) Tree ( $> 10$  cm in diameter)  
(43) Shrubbery or bush  
(44) Embankment

**(45) Breakaway pole or post (any diameter)**

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)  
(51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)  
(52) Pole or post ( $> 30$  cm in diameter)  
(53) Pole or post (diameter unknown)

**(54) Concrete traffic barrier**

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail) (specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport  
(71) Medium/heavy truck or bus not in-transport  
(72) Pedestrian  
(73) Cyclist or cycle  
(74) Other nonmotorist or conveyance

**(75) Vehicle occupant**

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify):

**(89) Unknown nonfixed object**

**(98) Other event (specify):**

(99) Unknown event or object

## DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u> <u>01</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>03</u>

## Second Highest Delta "V"

12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_ 19. \_\_\_\_\_

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. L	21. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	22. ± D
<u>144</u>	<u>021</u>	<u>025</u>	<u>038</u>	<u>052</u>	<u>059</u>	<u>051</u>	<u>+ 000</u>
	<u>011</u>						

## Second Highest Delta "V"

23. L	24. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	25. ± D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

## 26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

\_\_\_\_\_ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

144

## 27. Direct Damage Width

(For highest severity impact)

\_\_\_\_\_ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

136

## 28. Original Wheelbase

\_\_\_\_\_ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

250

## 29. Original Average Track Width

\_\_\_\_\_ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

144

**FUEL SYSTEM**

30. Are CDCs Documented  
but Not Coded on The  
Automated File?

- (0) No  
(1) Yes

31. Researcher's Assessment of Vehicle  
Disposition

- (0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle  
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications  
(specify): \_\_\_\_\_

(Include photograph of CERTIFICATION  
PLACARD in case report)

- (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank  
(1) On back plane  
(2) Aft of center of the rear wheels (rear axle)  
on left side plane  
(3) Aft of center of the rear wheels (rear axle)  
on right side plane  
(4) Forward of center of the rear wheels (rear  
axle) on left side plane  
(5) Forward of center of the rear wheels (rear  
axle) on right side plane  
(6) Over the center of the rear wheels (rear  
axle) on left side plane  
(7) Over the center of the rear wheels (rear  
axle) on right side plane  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank  
(1) Aft of center of the rear wheels (rear axle)  
centered  
(2) Aft of center of the rear wheels (rear axle)  
left side  
(3) Aft of center of the rear wheels (rear axle)  
right side  
(4) Forward of center of the rear wheels (rear  
axle) centered  
(5) Forward of center of the rear wheels (rear  
axle) left side  
(6) Forward of center of the rear wheels (rear  
axle) right side  
(7) Over center of the rear wheels (rear axle)  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank  
(1) No damage to fuel tank  
(2) Deformed, no seam failure  
(3) Deformed, with a seam failure  
(4) Punctured  
(5) Lacerated (ripped)  
(6) Abraded (scraped)  
(7) Filler neck separation from the fuel tank  
(8) Other damage (specify): \_\_\_\_\_  
(9) Unknown

**FIRE OCCURRENCE**

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor  
(2) Major  
(9) Unknown

34. Origin of Fire

- (0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention  
system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_

- (9) Unknown

### 43. Leakage Location of Fuel System-1

+

#### 44. Leakage Location of Fuel System-2

0

- (0) No fuel tank  
(1) No fuel leakage

**Primary Area Of Leakage**

- (2) Tank  
(3) Filler neck  
(4) Cap  
(5) Lines/pump/filter  
(6) Vent/emission recovery  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

### 45. Fuel Type-1

01

#### 46. Fuel Type-2

### ***Single Fuel Type***

- (00) No fuel tank  
 (01) Gasoline  
 (02) Diesel  
 (03) CNG (Compressed Natural Gas)  
 (04) LPG (Liquid Petroleum Gas) also known as Propane  
 (05) LNG (Liquid Natural Gas)  
 (06) Methanol (M100 or M85)  
 (07) Ethanol (E100 or E85)  
 (08) Other (Hydrogen or others) (specify):

***Electric Powered or Electric/Solar  
Powered Vehicles***

- (10) Lead Acid Battery  
(11) Nickel-Iron Battery  
(12) Nickel-Cadmium Battery  
(13) Sodium Metal Chloride Battery  
(14) Sodium Sulfur Battery  
(18) Other (Specify):

**(98) Other Hybrid (specify):**

**(99) Unknown fuel type**

**47. Is This Vehicle Equipped With More Than Two Fuel Tanks?**

0

**(0) No (one or two tanks only)**

### ***Yes - More Than Two Tanks***

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
- (2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location):  

---
- (3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):  
Type of tank \_\_\_\_\_  
Tank location \_\_\_\_\_  
Filler cap location \_\_\_\_\_  
Tank damage \_\_\_\_\_  
Location of leakage \_\_\_\_\_  
Type of fuel \_\_\_\_\_
- (9) Unknown if more than two tanks

## COMMENTS

\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED \*\*\*

**(GV10=0)**

**DO NOT COMPLETE THE INTERIOR VEHICLE FORM.**



# INTERIOR VEHICLE FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 11

2. Case Number - Stratum 163J

3. Vehicle Number 01

## INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

R-F

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 3 7. LR 1 8. RR 3 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

## GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted (original)

(4) AS-2 — Tempered-with after market tint

(5) AS-3 — Tempered-tinted (with additional after market tint)

(6) AS-14 — Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown MILK SPLATTERS INDICATE CLOSED

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 4 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 6 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

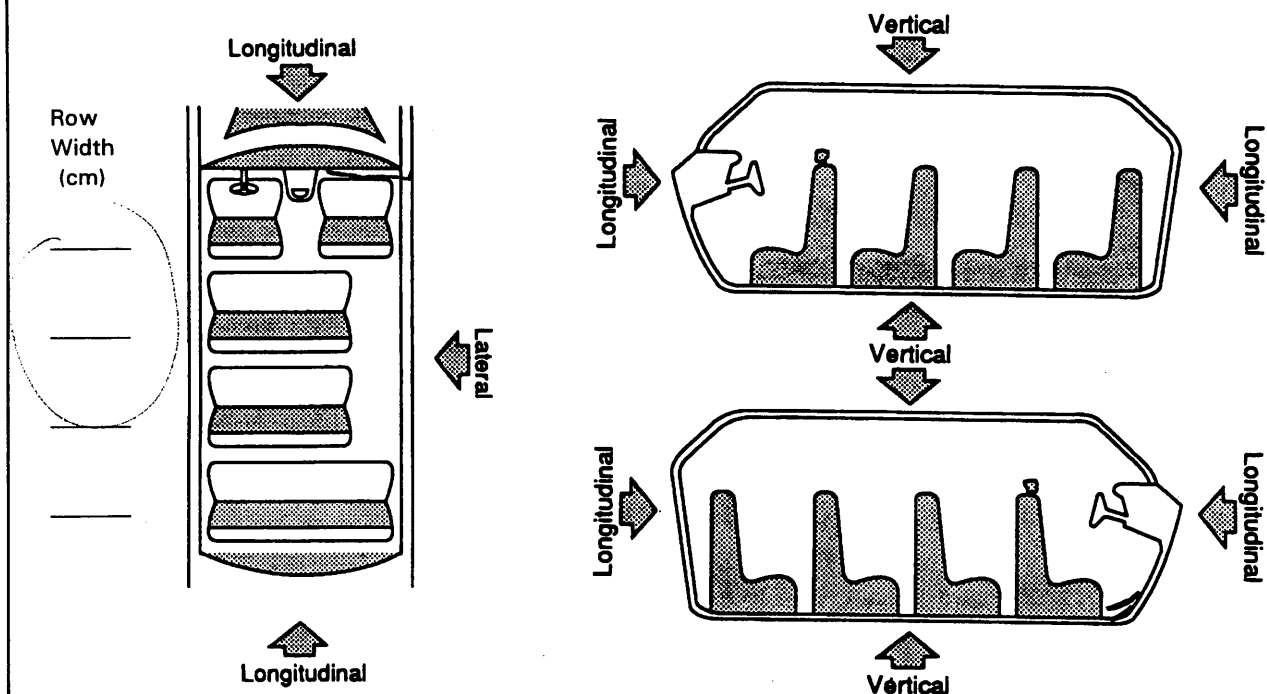
(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

## INTRUSION WORKSHEET

**NOTE: SKETCH INTRUDED AREAS**

LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)				DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	—	INTRUDED VALUE	= INTRUSION	
1-3	toe pan	114	—	100	= 14	long
1-3	dash	67	—	62	= 5	long
1-3	st 12	86	—	79	= 7	long
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	
			—		=	

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>13</u>	48. <u>05</u>	49. <u>2</u>	50. <u>2</u>
2nd	51. <u>13</u>	52. <u>12</u>	53. <u>1</u>	54. <u>2</u>
3rd	55. <u>13</u>	56. <u>04</u>	57. <u>1</u>	58. <u>2</u>
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

## LOCATION OF INTRUSION

Front Seat  
 (11) Left  
 (12) Middle  
 (13) Right

Second Seat  
 (21) Left  
 (22) Middle  
 (23) Right

Third Seat  
 (31) Left  
 (32) Middle  
 (33) Right

Fourth Seat  
 (41) Left  
 (42) Middle  
 (43) Right

(97) Catastrophic  
 (98) Other enclosed area (specify) \_\_\_\_\_

(99) Unknown

## INTRUDING COMPONENT

*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): \_\_\_\_\_

*Exterior Components*

- (30) Hood
- (31) Outside surface of this vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

## MAGNITUDE OF INTRUSION

- (1)  $\geq 3$  centimeters but  $< 8$  centimeters
- (2)  $\geq 8$  centimeters but  $< 15$  centimeters
- (3)  $\geq 15$  centimeters but  $< 30$  centimeters
- (4)  $\geq 30$  centimeters but  $< 46$  centimeters
- (5)  $\geq 46$  centimeters but  $< 61$  centimeters
- (6)  $\geq 61$  centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE — DAMAGE VALUE = DEFORMATION

— =

— =

— =

— =



## STEERING COLUMN

## 87. Steering Column Type

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_

(9) Unknown

## 88. Tilt Steering Column Adjustment

- (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

## 89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

## 90. Steering Rim/Spoke Deformation

- Code actual measured  
 deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

## 91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

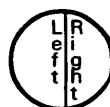
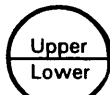
## Quarter Sections

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

## INSTRUMENT PANEL

## 92. Odometer Reading

\_\_\_\_\_ kilometers  
 Code to the nearest 1,000 kilometers  
 (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown  
 9,789.5 miles X 1.6093 = 15,753 kilometers

Source: \_\_\_\_\_

## 93. Instrument Panel Damage from Occupant Contact?

- (0) No  
 (1) Yes  
 (9) Unknown

## 94. Type of Knee Bolster Covering

- (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## 95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

## 96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

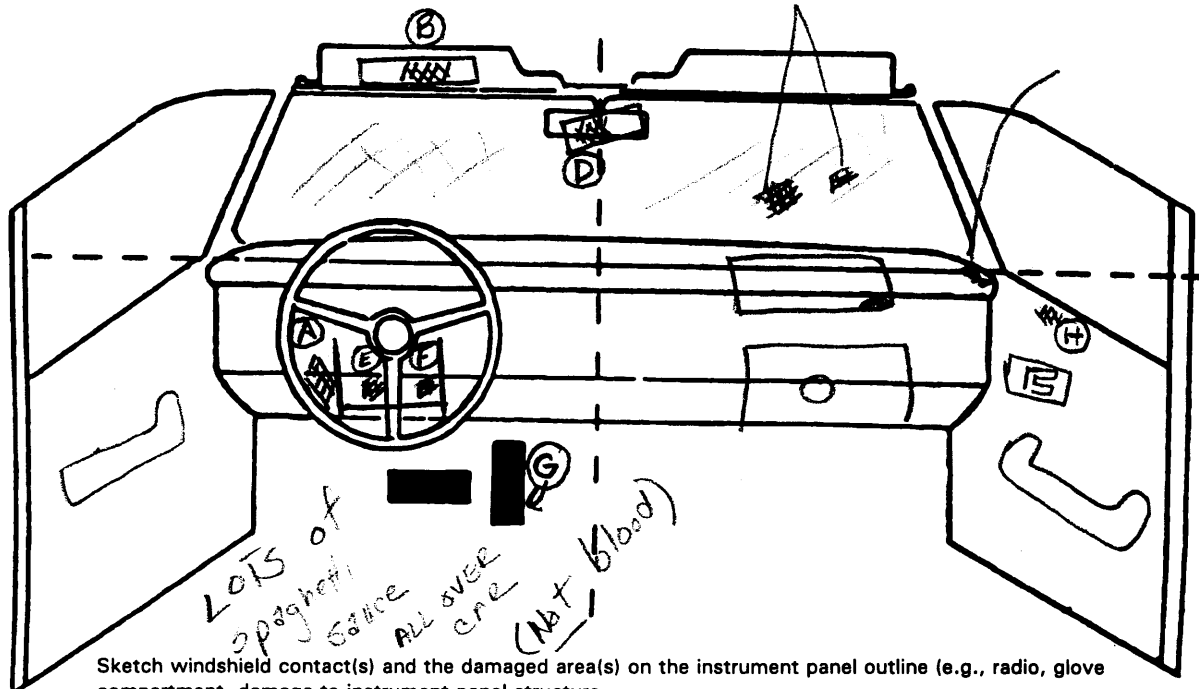
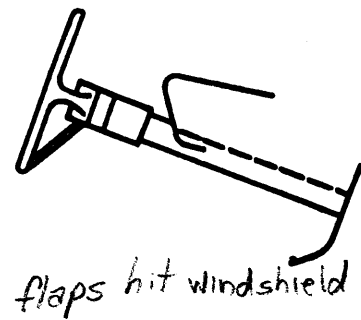
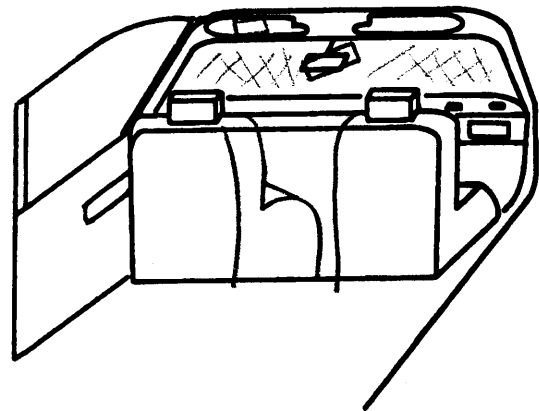
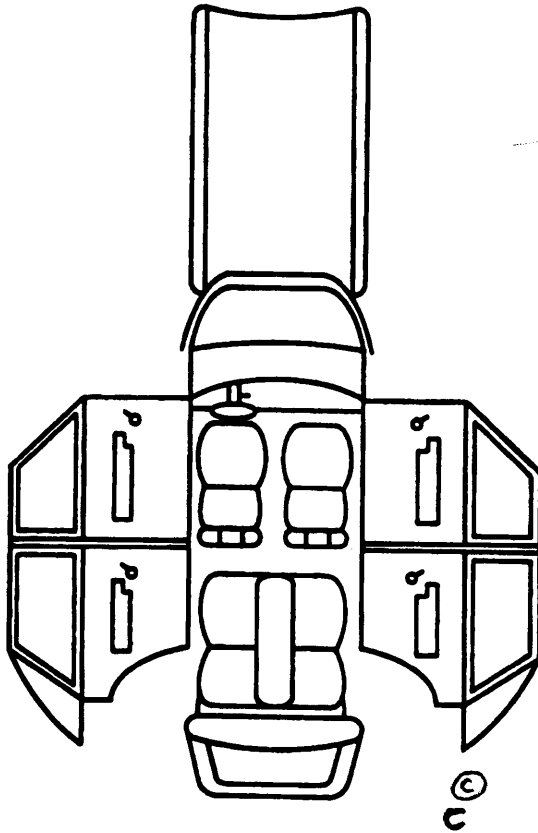
## 97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed  
 (Check all that apply.)  
 [ ] Hand controls for braking/acceleration  
 [ ] Steering control devices (attached to OEM steering wheel)  
 [ ] Steering knob attached to steering wheel  
 [ ] Low effort power steering (unit or device)  
 [ ] Replacement steering wheel (i.e., reduced diameter)  
 [ ] Joy-stick steering controls  
 [ ] Wheelchair tie-downs  
 [ ] Modification to seat belts (specify): \_\_\_\_\_  
 [ ] Additional or relocated switches (specify): \_\_\_\_\_  
 [ ] Raised roof  
 [ ] Wall-mounted head rest (used behind wheelchair)  
 [ ] Other adaptive device (specify): \_\_\_\_\_

(9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	014	1	②Knee	dented/scuffed	1
B	003	1	head	adjar/broken mirror	1
C	205	1	head	gouged into a "C"	2
D	002	1	head	adjar/broken	1
E	007	1	①Knee	very large scuff	1
F	007	1	②Knee	" " "	1
G	254	1	②Ankle	to floor/tread rubbed off	1
H	101	2	head	smudge	2
I					
J	152	2	waist	belt has signs of loading	1
K					
L					
M					
N					

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tape deck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object, (specify):  
 (019) Other front object (specify):

## CODES FOR INTERIOR COMPONENTS

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify):  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify):  
 RIGHT SIDE  
 (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify):  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify):  
 (155) Head restraint system  
 (160) Other occupants (specify):  
 (161) Interior loose objects  
 (162) Child safety seat (specify):  
 (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify)  
 (195) Other air bag compartment cover (specify)

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify):  
 (409) Additional or relocated switches, (specify):  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown

# MANUAL RESTRAINTS

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	03	X	03
	B-Evidence of usage	03		03
	C-Used in this crash?	0		1
	D-Proper Use	0		1
	E-Failure Modes	0		1
	F-Anchorage Adjustment	0		0
SECOND	A-Availability	4	3	4
	B-Evidence of usage	99	99	04
	C-Used in this crash?	0	0	0
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	0	0	0
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment	Buckle coated with milk-covered preening		

## A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

- (9) Unknown

## B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

## D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

### Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

## E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

## F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

### Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

**AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

**AIR BAGS**

		Frontal Air Bags--Left Front	Frontal Air Bags--Right Front	Other Air Bag
F I R S T	Availability/Function	1	1	
	Deployment	1	1	
	Failure	1	1	

**Air Bag System Availability/Function**

(0) Not equipped/not available

(1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled

(9) Unknown

**Air Bag System Deployment****(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

**Are There Indications of Air Bag****System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): \_\_\_\_\_

(9) Unknown

**AUTOMATIC BELTS**

		Left	Right
F I R S T	A-Availability/Function	1	1
	B-Use	1	1
	C-Type	2	2
	D-Proper Use	1	9 (Behind Buckle)
	E-Failure Modes	1	1

**A-Automatic (Passive) Belt System Availability/Function**

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

*Non-functional*

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

**B-Automatic (Passive) Belt System Use**

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

**C-Automatic (Passive) Belt System Type**

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

**D-Proper Use of Automatic (Passive) Belt System**

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly

with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown

**E-Automatic (Passive) Belt Failure Modes During Accident**

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown

# FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

*There is a smudge on lower - R. corner of flap that corresponds with windshield strike. It is not a contact (no hair / skin)*

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	1	05
E-Source of air bag damage	1	95 possibly mirror / flap cover
F-Air bag tethered?	2 (2)	1
G-Air bag have vent ports?	2	2
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	1	1

## A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

## B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

### Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## G-Did The Air Bag Have Vent Ports?

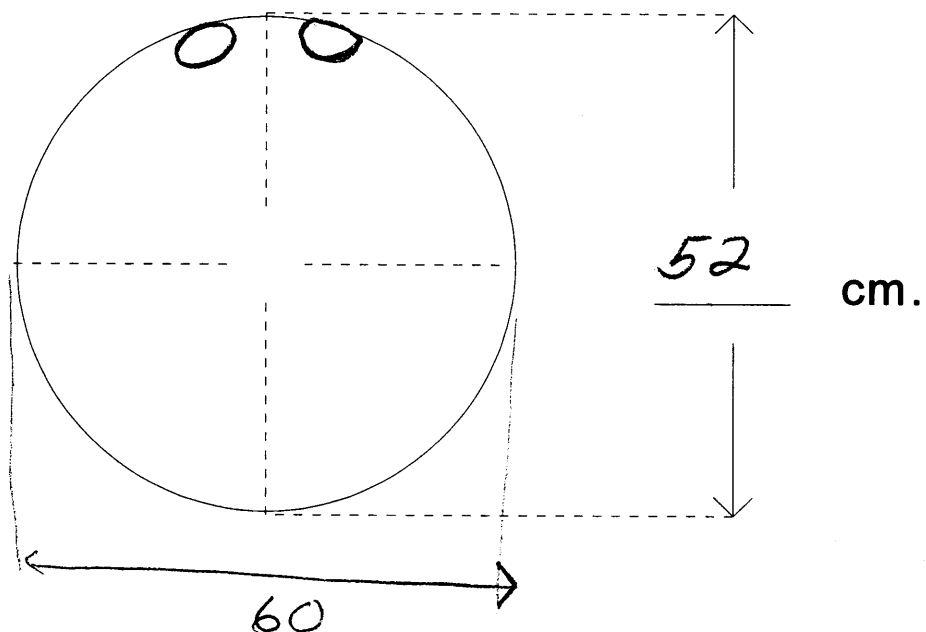
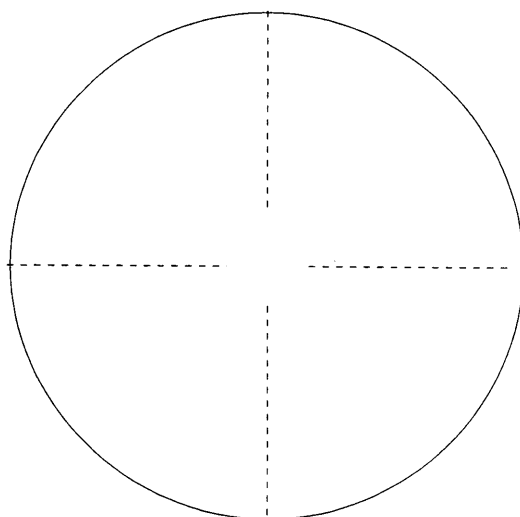
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

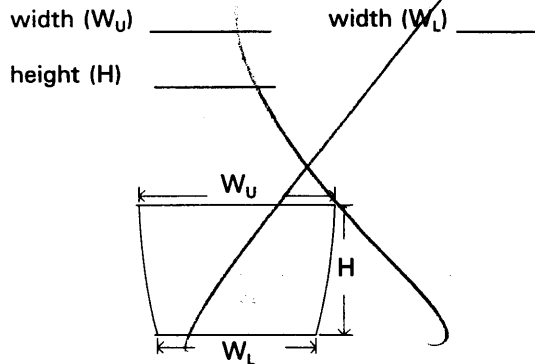
## I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES****1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)**

## DRIVER AIR BAG SKETCHES (Cont'd)

## 3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)



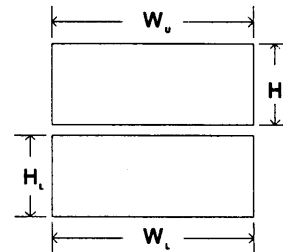
## 4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width ( $W_U$ ) 24 width ( $W_L$ ) 18

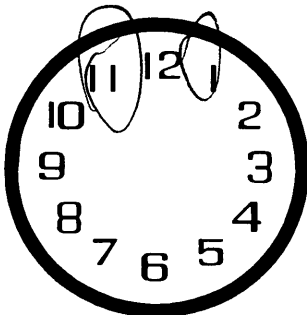
height ( $H_U$ ) 10 height ( $H_L$ ) 6



## 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

## 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

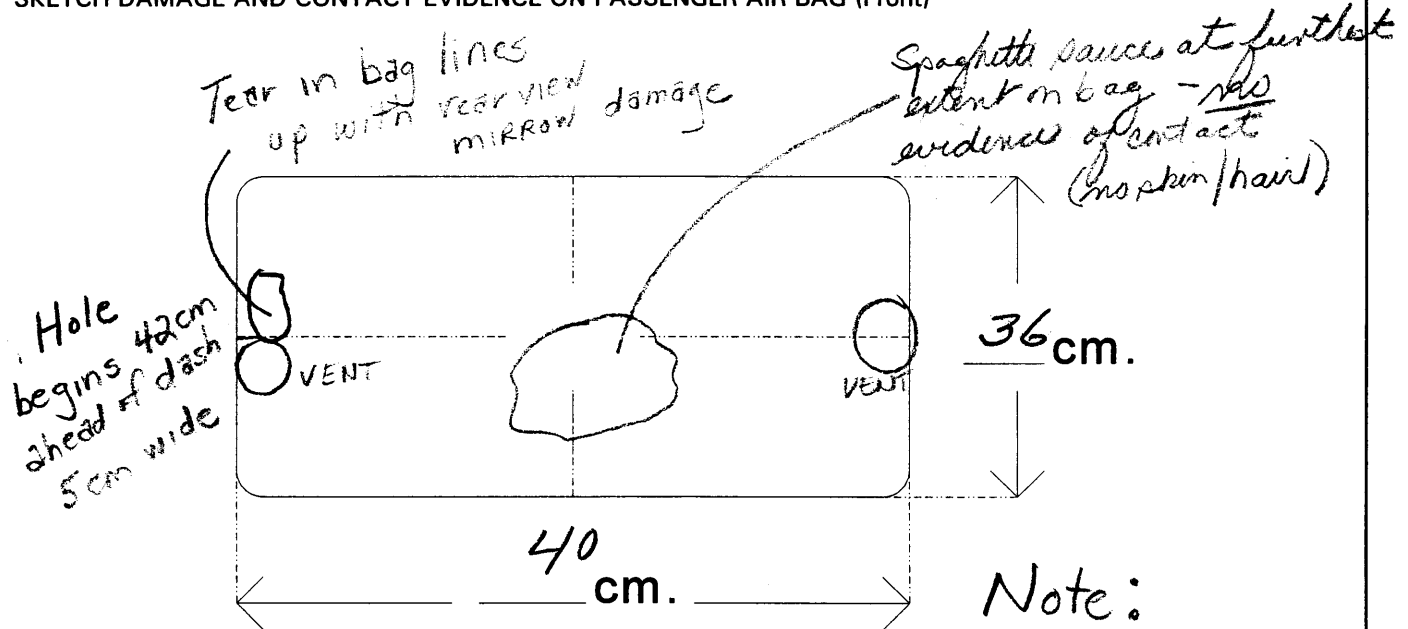
## 7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS





## PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

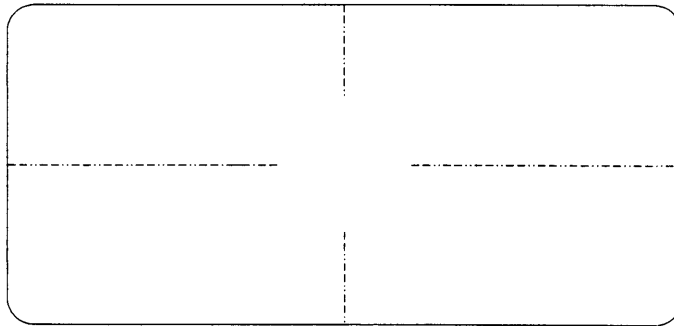
## 1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



Note:

When airbag  
on floor it lands  
in puddle of  
spaghetti sauce

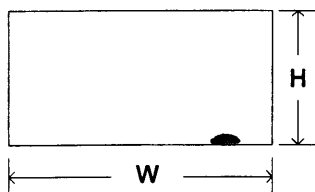
## 2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



## PASSENGER AIR BAG SKETCHES (Cont'd)

### 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) 32  
height (H) 18



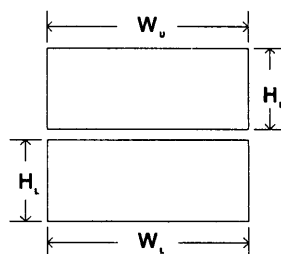
### 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_ width ( $W_L$ ) \_\_\_\_\_

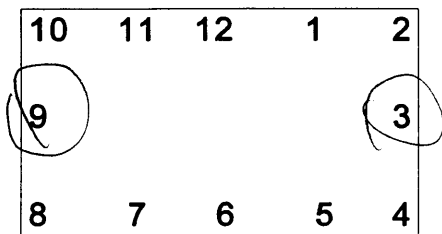
height ( $H_U$ ) \_\_\_\_\_ height ( $H_L$ ) \_\_\_\_\_



### 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**"OTHER" AIR BAG SKETCHES (Cont'd)**

**3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG**

**4. SKETCH AIR BAG VENT PORTS**

## HEAD RESTRAINTS/SEAT EVALUATION

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	3		3
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	4		5
	E-Seat Back Incline Pre/Post Impact	14		2-3 (1 rearwards of 1-4)
	F-Seat Performance	1		1
SECOND	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	07	07	07
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

**HEAD RESTRAINTS/SEAT EVALUATION****A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**B-Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): \_\_\_\_\_
- (99) Unknown

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**D-Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

**Adjustable Seat Track**

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

**E-Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
- (01) Not adjustable

**Upright prior to impact**

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

**Slightly reclined prior to impact**

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

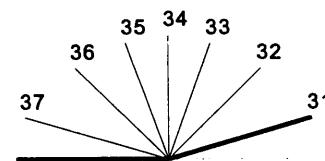
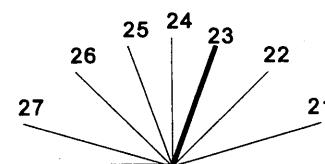
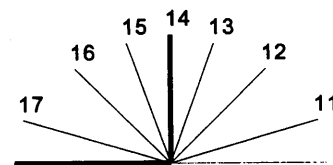
**Completely reclined prior to impact**

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

**F-Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

DESCRIBE ANY INDICATION OF

ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT

CONTACT PATTERN)

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

### 1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):  
\_\_\_\_\_
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

### 2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):  
\_\_\_\_\_
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):  
\_\_\_\_\_
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):  
\_\_\_\_\_
- (29) Unknown orientation
- (99) Unknown if child safety seat used

### 3. Child Safety Seat Harness Usage

### 4. Child Safety Seat Shield Usage

- ### 5. Child Safety Seat Tether Usage
- Note: Options Below Are Used for Variables 3-5.
- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

- ### 6. Child Safety Seat Make/Model
- (Specify make/model and occupant number)

---



---



---



---

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No ☒ Yes [ ]

Describe indications of ejection and body parts involved in partial ejection(s):

---



---



---



---

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

(9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No [ ☒ ] Yes [ ]

Describe entrapment mechanism:

---



---



---



---

Component(s):

---

(Note on vehicle interior sketch)





# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

11

2. Case Number - Stratum

1635

3. Vehicle Number

01

4. Occupant Number

01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

31

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

163

Code actual height to the nearest  
centimeter.

(999) Unknown

64 inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight

057

Code actual weight to the nearest  
kilogram.

(999) Unknown

125 pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

11

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture

4

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with  
another occupant or to look out a rear  
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in  
front of seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

BEST AVAILABLE

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 3

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

**BELT SYSTEM FUNCTION**18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 1

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 1

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 1

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection  
☐ Official injury data  
☒ Driver/occupant interview  
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment 1  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 2  
 Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First 0  
 Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System 1  
 Failure?  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact

- (000) Not equipped/not available -039  
Code the value of the delta V for the impact that initiated the air bag deployment  
(996) Deployment, unknown longitudinal Delta V  
(997) Not deployed  
(998) Unknown if deployed  
(999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*

44. Source of Air Bag Damage 01  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 (03) Object carried by occupant, (specify):  
 (04) Adaptive/assistive controls, (specify):  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify):  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps) (two)  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports): (four)  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION**

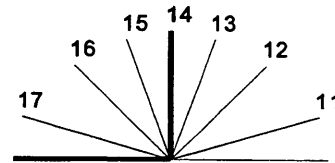
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 (9) Unknown
50. Seat Type (this Occupant Position) 02  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 4  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION** *continued***53. Seat Back Incline Prior and Post Impact** 14

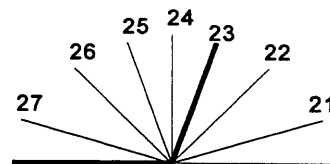
- (00) Occupant not seated or no seat  
 (01) Not adjustable

***Upright prior to impact***

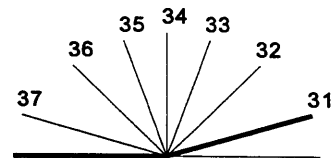
- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position



(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used



**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_

## (9) Unknown

64. Hospital Stay 06 05

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 00  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 14

\_\_\_\_\_ Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 15  
 (at Medical Facility)

- (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

72. Was the Occupant Given Blood? 9

- (1) No - blood not given  
 (2) Yes - blood given

(specify units): \_\_\_\_\_

- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01

- (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used



BEST AVAILABLE

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number 113. Vehicle Number 012. Case Number - Stratum 163J4. Occupant Number 01

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
① Rib articulation 1st	5. 2	6. 8	7. 5	8. 24	9. 00	10. 2	11. 1	12. 007	13. 2	14. 1	15. 00
② 30% pneumothorax 2nd	16. 2	17. 4	18. 5	19. 02	20. 22	21. 3	22. 3	23. 152	24. 2	25. 1	26. 00
③ laceration 3rd	27. 2	28. 5	29. 4	30. 18	31. 26	32. 4	33. 1	34. 152	35. 2	36. 1	37. 00
④ 5cm subscapular laceration 4th	38. 2	39. 5	40. 4	41. 18	42. 12	43. 2	44. 1	45. 152	46. 2	47. 1	48. 00
⑤ bruised anterior chest 5th	49. 7	50. 8	51. 9	52. 04	53. 02	54. 1	55. 1	56. 254	57. 1	58. 1	59. 00
⑥ ecchymosis 6th	60. 3	61. 4	62. 9	63. 04	64. 02	65. 1	66. 2	67. 152	68. 2	69. 1	70. 00
⑦ ~15cm x 5cm contusions 7th	71. 7	72. 7	73. 9	74. 04	75. 02	76. 1	77. 2	78. 170	79. 3	80. 1	81. 00
⑧ anterior chest abrasions 8th	82. 3	83. 4	84. 9	85. 02	86. 02	87. 1	88. 0	89. 152	90. 2	91. 1	92. 00
⑨ neck strap bruise 9th	93. 3	94. 3	95. 9	96. 02	97. 02	98. 1	99. 2	100. 152	101. 2	102. 1	103. 00
⑩ knee bruise 10th	104. 3	105. 8	106. 9	107. 04	108. 02	109. 1	110. 2	111. 014	112. 2	113. 1	114. 00



**OCCUPANT INJURY CLASSIFICATION**

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit		(4) Central
(5) Abdomen	numbers beginning with 02.	To the extent possible, within the organizational framework of the AIS, 00	(5) Anterior
(6) Spine		is assigned to an injury NFS as to severity or	(6) Posterior
(7) Upper Extremity	The exceptions to this rule apply to:	where only one injury is given in the dictionary for that anatomic structure.	(7) Superior
(8) Lower Extremity		99 is assigned to any injury NFS as to lesion or severity.	(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

**Abbreviated Injury Scale**

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

**SOURCE OF INJURY DATA****INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

**UNOFFICIAL RECORDS**

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## INJURY SOURCES

## FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):

(019) Other front object (specify):

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify):
- (195) Other air bag compartment cover (specify):

## ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):

(410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

## EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify):
- (454) Unknown exterior objects

## EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

## OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

## NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

DS: AIR BAG DID DEPLOY

DS:  
Restrained?

   No  
   Yes

Blood Alcohol Level  
(mg/dl)

BAL =   

Glasgow Coma  
Scale Score

GCSS = 15

Units of Blood  
Given

Units =   

Arterial Blood Gases

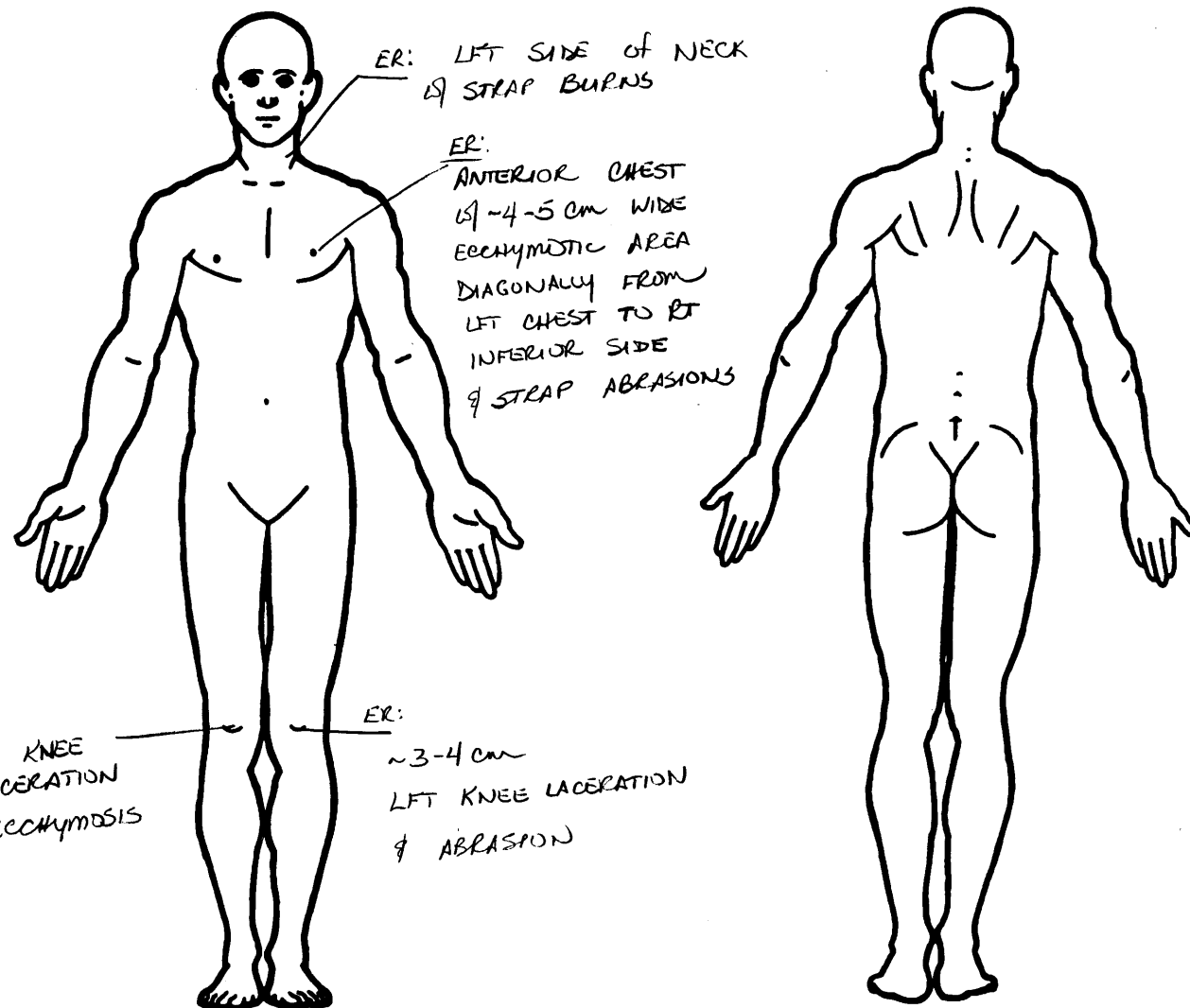
pH =   

PO<sub>2</sub> =   

PCO<sub>2</sub> =   

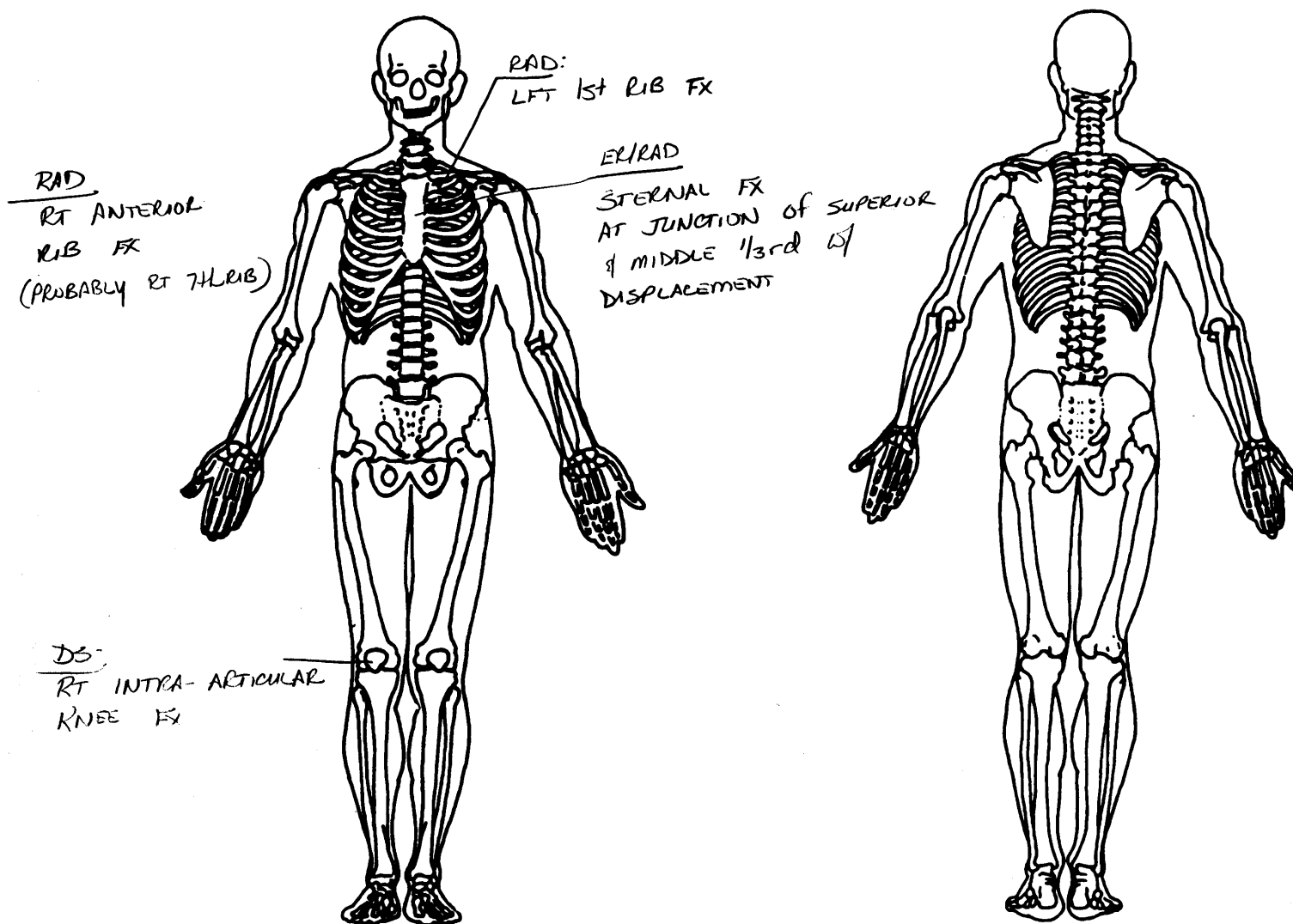
HCO<sub>3</sub> =   

NOT RECORDED



## OFFICIAL INJURY DATA — SKELETAL INJURIES

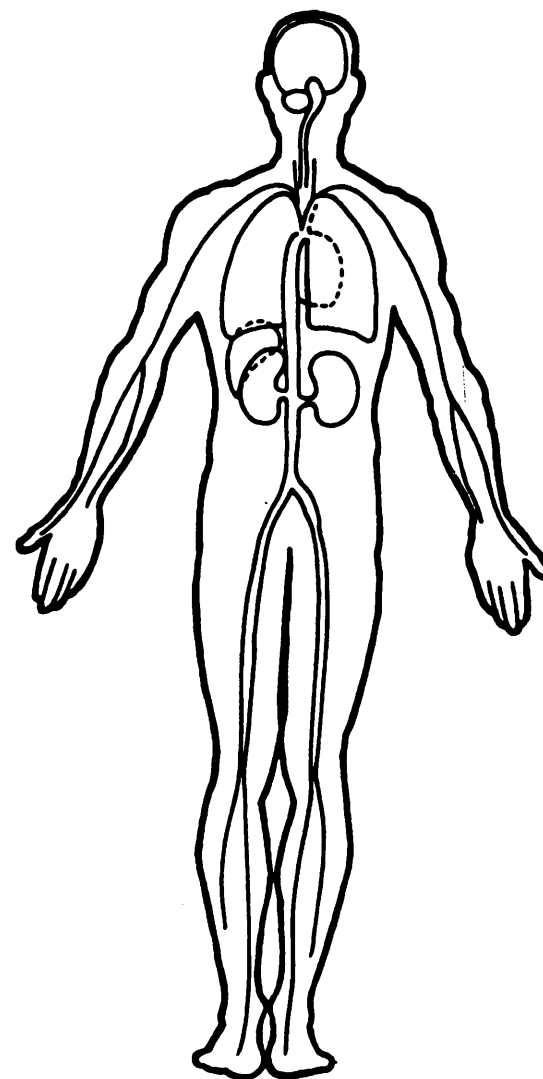
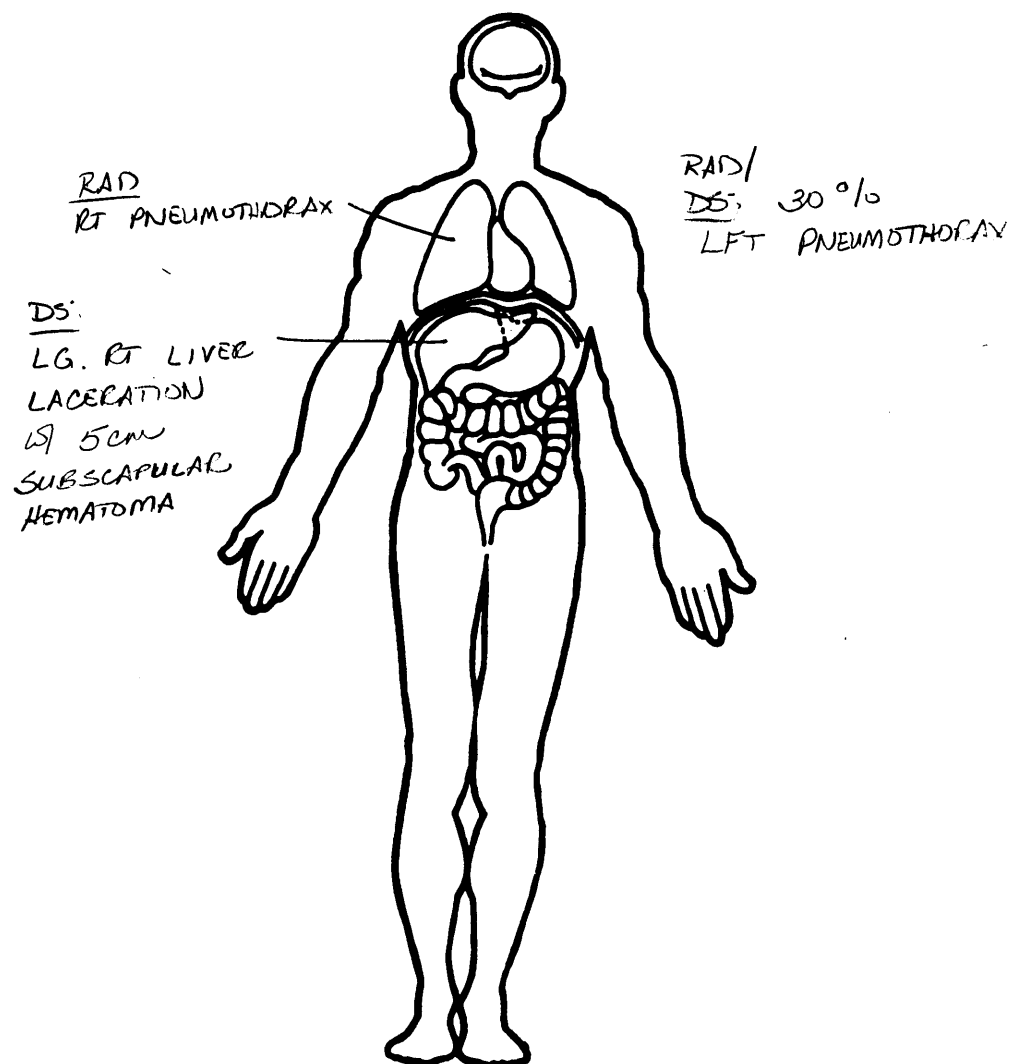
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





## OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# UPDATE FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

<p>1. Primary Sampling Unit Number <u>11</u></p> <p>2. Case Number — Stratum <u>163</u> <del>168</del></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p> <p style="text-align: center; font-weight: bold; margin-top: 10px;">RECEIVED</p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>Other Information: _____</p> <p style="text-align: center; font-style: italic; margin-top: 10px;">(Sanitize this section prior to Update submission.)</p>
--	--

## STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested		<u>96</u>	OAL18. Medical Facility Code		<u>01</u>
OAL09. Date Official Medical Data Obtained		<u>96</u>	GV14. Alcohol Test Results For Driver		
OAL16. Injury Treatment Status			GV16. Other Drug Specimen Test Type For Driver		
OAL17. Injury Information			OA05. Occupant's Age		
<u>Official</u>			OA06. Occupant's Sex		
a. Autopsy (invasive examination)	<u>B</u>		OA07. Occupant's Height		
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u>		OA08. Occupant's Weight		
c. Admission record/summary or admission/discharge face sheet	<u>B</u>		OA61. Treatment-Mortality		
d. Discharge summary	<u>B</u>	<u>011</u>	OA62. Type of Medical Facility (for Initial Treatment)		
e. Operative report	<u>B</u>		OA63. Hospital Stay		
f. Radiographic record(s) (X-ray, CT scan)	<u>B</u>	<u>011</u>			
g. History and physical examination and/or consultation records	<u>B</u>	<u>011</u>			
h. Emergency room records (includes nurses' notes)	<u>B</u>	<u>011</u>			
j. Private physician	<u>B</u>				
<u>Unofficial</u>					
k. Lay coroner	<u>B</u>				
l. EMS record	<u>B</u>				
m. Interviewee	<u>B</u>				
n. Other source (specify):	<u>B</u>	<u>B</u>			
o. Police report	<u>B</u>	<u>B</u>			



# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 11  
2. Case Number - Stratum 1635  
3. Vehicle Number 01  
4. Occupant Number 02

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 03  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
\_\_\_\_\_  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 1  
(1) Male  
(2) Female-not reported pregnant  
(3) Female-pregnant-1st trimester(1st-3rd month)  
(4) Female-pregnant-2nd trimester(4th-6th month)  
(5) Female-pregnant-3rd trimester(7th-9th month)  
(6) Female-pregnant-term unknown  
(9) Unknown
7. Occupant's Height 107  
Code actual height to the nearest  
centimeter.  
(999) Unknown  
42 inches X 2.54 = \_\_\_\_\_ centimeters
8. Occupant's Weight 015  
Code actual weight to the nearest  
kilogram.  
(999) Unknown  
032 pounds X .4536 = \_\_\_\_\_ kilograms
9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 13  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant
- Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant
- Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant
- Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant  
(97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown
11. Occupant's Posture 9  
(0) Normal posture
- Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with  
another occupant or to look out a rear  
window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in  
front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

BEST AVAILABLE

**EJECTION/ENTRAPMENT****12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

1

## BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>3</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown</p> <p>19. Manual (Active) Belt System Use <u>03</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p> <p>20. Proper Use of Manual (Active) Belts <u>1</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>0</u></p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable Shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p> <p>23. Automatic (Passive) Belt System Availability/Function <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>1</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p> <p>25. Automatic (Passive) Belt System Type <u>2</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>4</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>1</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p>	<p>27. Automatic (Passive) Belt Failure Modes During Accident <u>1</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p>

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 2

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection  
☐ Official injury data  
☒ Driver/occupant interview  
☒ Other (specify): pan  
☐ Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available  
 (1) Air bag  
*Non-functional*  
 (2) Air bag disconnected (specify):  
 (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Air bag  
*Non-functional*  
 (2) Air bag disconnected (specify):  
 (3) Air bag not reinstalled  
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 2 X

- (This Occupant Position)  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): hole in bag  
 (9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
\_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available  
\_\_\_\_\_  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):  
\_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact -039  
000

- (000) Not equipped/not available  
*Code the value of the delta V for the impact that initiated the air bag deployment*  
(996) Deployment, unknown longitudinal Delta V  
(997) Not deployed  
(998) Unknown if deployed  
(999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 05

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):  
\_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*

44. Source of Air Bag Damage 95  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify): \_\_\_\_\_  
 (03) Object carried by occupant, (specify): \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify): \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify): \_\_\_\_\_  
 (95) Damaged, unknown source *Possibly minor or flap cover*  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? +  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps): \_\_\_\_\_  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports): (two)  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? +  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION**

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown
50. Seat Type (this Occupant Position) 02  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify): \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 5  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

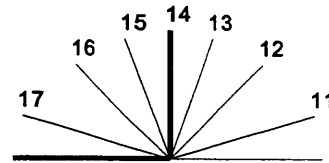


**HEAD RESTRAINT AND SEAT EVALUATION** *continued*53. Seat Back Incline Prior and Post Impact 23

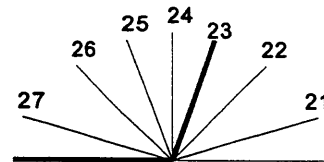
- (00) Occupant not seated or no seat  
 (01) Not adjustable

***Upright prior to impact***

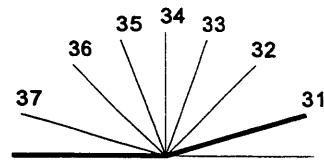
- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed  
     (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment  
     intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage

59. Child Safety Seat Shield Usage

60. Child Safety Seat Tether Usage

Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****61. Injury Severity (Police Rating)** 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

**62. Treatment - Mortality** 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

**Nonfatal**

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

**63. Type Of Medical Facility (for Initial Treatment)** 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

**64. Hospital Stay** 28 9/9

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

**65. Working Days Lost** 97

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 00  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

70. Number of Recorded Injuries for This Occupant 14  
 \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 07  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

72. Was the Occupant Given Blood? 9  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units):  
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify):  
 (9) Unknown if belt used



BEST AVAILABLE

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

**OCCUPANT INJURY FORM**

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>11</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>1635</u>	4. Occupant Number <u>02</u>

**INJURY DATA**

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number			
			Specific Anatomic Structure	Level of Injury	A.I.S. Severity							
① forehead contusion	1st	5. <u>2</u>	6. <u>1</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>180</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
② brain edema	2nd	16. <u>2</u>	17. <u>1</u>	18. <u>4</u>	19. <u>00</u>	20. <u>68</u>	21. <u>3</u>	22. <u>9</u>	23. <u>180</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
③ subarachnoid hemorrhage	3rd	27. <u>2</u>	28. <u>1</u>	29. <u>4</u>	30. <u>06</u>	31. <u>84</u>	32. <u>3</u>	33. <u>9</u>	34. <u>180</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
④ axonal shear injury	4th	38. <u>2</u>	39. <u>1</u>	40. <u>4</u>	41. <u>06</u>	42. <u>28</u>	43. <u>5</u>	44. <u>9</u>	45. <u>180</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
⑤ side of head scalp 1/2" x 2" (in hair above ear)	5th	49. <u>7</u>	50. <u>1</u>	51. <u>9</u>	52. <u>02</u>	53. <u>02</u>	54. <u>1</u>	55. <u>1</u>	56. <u>180</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
⑥ temple lac.	6th	60. <u>7</u>	61. <u>1</u>	62. <u>9</u>	63. <u>06</u>	64. <u>02</u>	65. <u>1</u>	66. <u>2</u>	67. <u>180</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
⑦ outer arm contusion	7th	71. <u>7</u>	72. <u>7</u>	73. <u>9</u>	74. <u>04</u>	75. <u>02</u>	76. <u>1</u>	77. <u>2</u>	78. <u>161</u>	79. <u>3</u>	80. <u>1</u>	81. <u>00</u>
⑧ clavicle bruised	8th	82. <u>7</u>	83. <u>2</u>	84. <u>9</u>	85. <u>04</u>	86. <u>02</u>	87. <u>1</u>	88. <u>1</u>	89. <u>180</u>	90. <u>2</u>	91. <u>1</u>	92. <u>00</u>
⑨ shoulder contusion	9th	93. <u>7</u>	94. <u>7</u>	95. <u>9</u>	96. <u>04</u>	97. <u>02</u>	98. <u>1</u>	99. <u>1</u>	100. <u>152</u>	101. <u>2</u>	102. <u>1</u>	103. <u>00</u>
⑩ hip black & blue 1" x 2"	10th	104. <u>7</u>	105. <u>8</u>	106. <u>9</u>	107. <u>04</u>	108. <u>02</u>	109. <u>1</u>	110. <u>2</u>	111. <u>152</u>	112. <u>2</u>	113. <u>1</u>	114. <u>00</u>

[illegible]

**OCCUPANT INJURY CLASSIFICATION**

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
<b>Type of Anatomic Structure</b>	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

**Abbreviated Injury Scale**

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

**SOURCE OF INJURY DATA****INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

**UNOFFICIAL RECORDS**

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## INJURY SOURCES

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tape deck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object (specify):  
 \_\_\_\_\_  
 (019) Other front object (specify):  
 \_\_\_\_\_

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify):  
 \_\_\_\_\_  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify):  
 \_\_\_\_\_

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify):  
 \_\_\_\_\_  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify):  
 \_\_\_\_\_

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify):  
 \_\_\_\_\_  
 (155) Head restraint system  
 (160) Other occupants (specify):  
 \_\_\_\_\_  
 (161) Interior loose objects *milk bottle*  
 (162) Child safety seat (specify):  
 \_\_\_\_\_  
 (163) Other interior object (specify):  
 \_\_\_\_\_

## AIR BAG

- (170) Air bag-driver side  
 (171) Air bag-driver side and eyewear  
 (172) Air bag-driver side and jewelry  
 (173) Air bag-driver side and object held  
 (174) Air bag-driver side and object in mouth  
 (175) Air bag compartment cover-driver side  
 (176) Air bag compartment cover-driver side and eyewear  
 (177) Air bag compartment cover-driver side and jewelry  
 (178) Air bag compartment cover-driver side and object held  
 (179) Air bag compartment cover-driver side and object in mouth  
 (180) Air bag-passenger side  
 (181) Air bag-passenger side and eyewear  
 (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held  
 (184) Air bag-passenger side and object in mouth  
 (185) Air bag compartment cover-passenger side  
 (186) Air bag compartment cover-passenger side and eyewear  
 (187) Air bag compartment cover-passenger side and jewelry  
 (188) Air bag compartment cover-passenger side and object held  
 (189) Air bag compartment cover-passenger side and object in mouth  
 (190) Other air bag (specify)  
 \_\_\_\_\_  
 (195) Other air bag compartment cover (specify)  
 \_\_\_\_\_

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify):  
 \_\_\_\_\_

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify):  
 \_\_\_\_\_  
 (409) Additional or relocated switches, (specify):  
 \_\_\_\_\_  
 (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify):  
 \_\_\_\_\_

## EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood  
 (452) Outside hardware (e.g., outside mirror, antenna)  
 (453) Other exterior surface or tires (specify):  
 \_\_\_\_\_  
 (454) Unknown exterior objects

## EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper  
 (502) Hood edge  
 (503) Other front of vehicle (specify):  
 \_\_\_\_\_  
 (504) Hood  
 (505) Hood ornament  
 (506) Windshield, roof rail, A-pillar  
 (507) Side surface  
 (508) Side mirrors  
 (509) Other side protrusions (specify):  
 \_\_\_\_\_  
 (510) Rear surface  
 (511) Undercarriage  
 (512) Tires and wheels  
 (513) Other exterior of other motor vehicle (specify):  
 \_\_\_\_\_  
 (514) Unknown exterior of other motor vehicle

## OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground  
 (598) Other vehicle or object (specify):  
 \_\_\_\_\_  
 (599) Unknown vehicle or object

## NONCONTACT INJURY

- (601) Fire in vehicle  
 (602) Flying glass  
 (603) Other noncontact injury source (specify):  
 \_\_\_\_\_  
 (604) Air bag exhaust gases  
 (697) Injured, unknown source



## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

OK  
Restrained?

— No

☒ Yes

LAP BELT

Blood Alcohol Level  
(mg/dl)

BAL =       

NOT RECORDED

Glasgow Coma  
Scale Score

GCSS = 7

Units of Blood  
Given

Units =       

Arterial Blood Gases

pH =       

PO<sub>2</sub> =       

PCO<sub>2</sub> =       

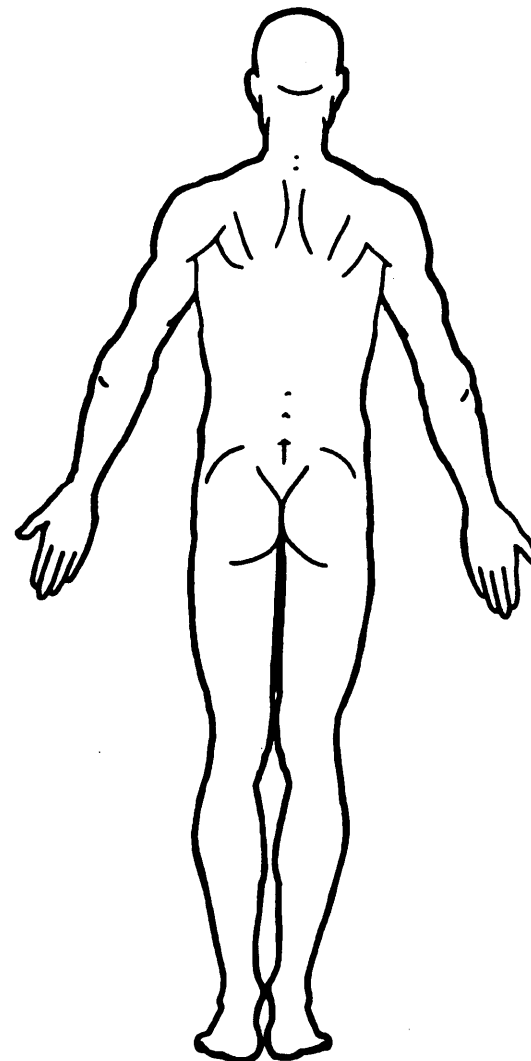
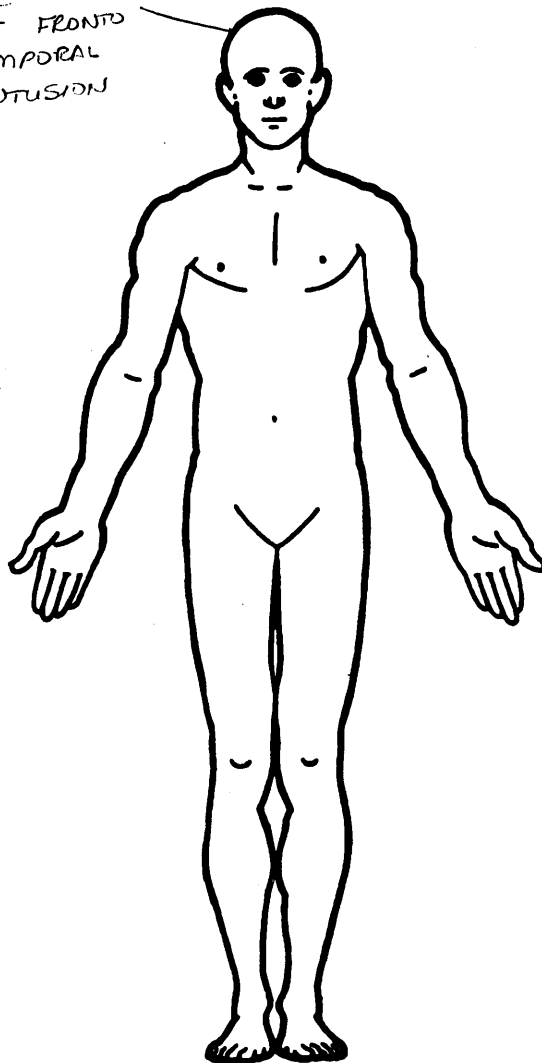
HCO<sub>3</sub> =       

NOT RECORDED

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

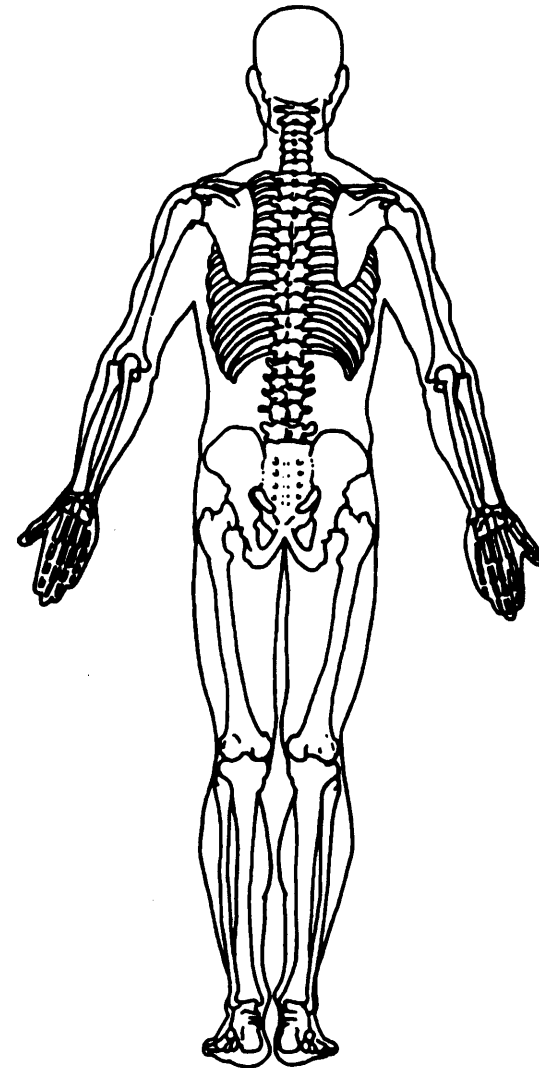
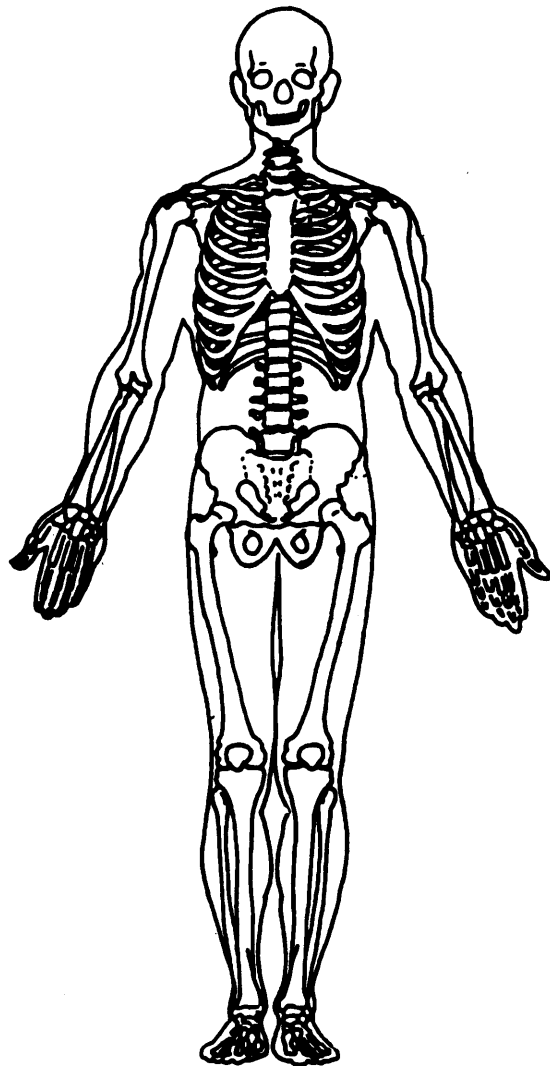
DS: HEAD HIT BY AIR BAG

DS:  
RT FRONTAL  
TEMPORAL  
CONTUSION



## OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

DE/DR : CLOSED HEAD INJURY DS: PT W/ INITIAL RT-SIDED NEGLECT

PT NON-RESPONSIVE  
TO PAIN WHEN

ADMITTED; DIFFUSE  
BRAIN SWELLING,

SM VENTRICLES,

AXONAL SHEAR

INJURY,

SUBARACHNOID  
HEMORRHAGE;

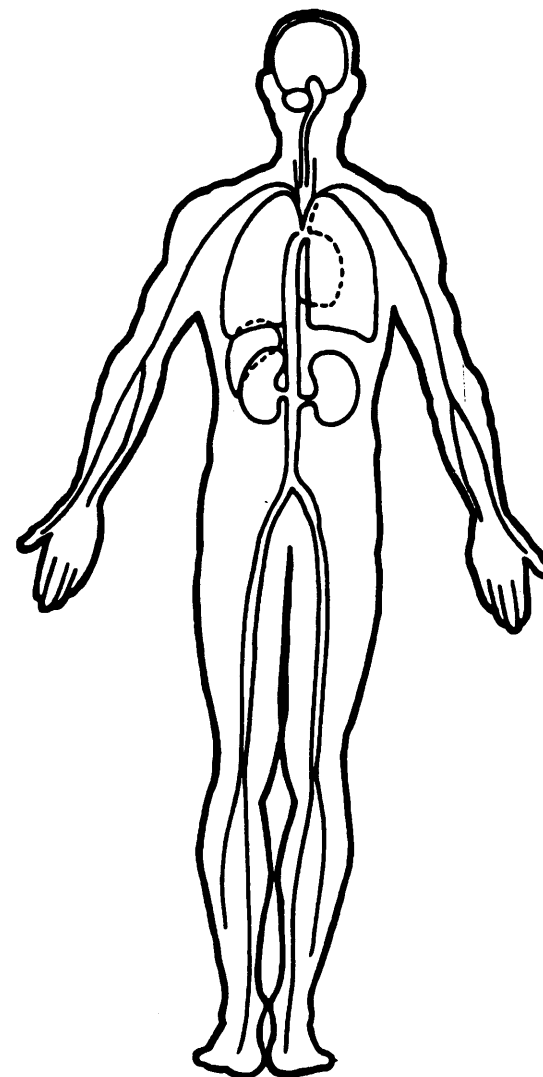
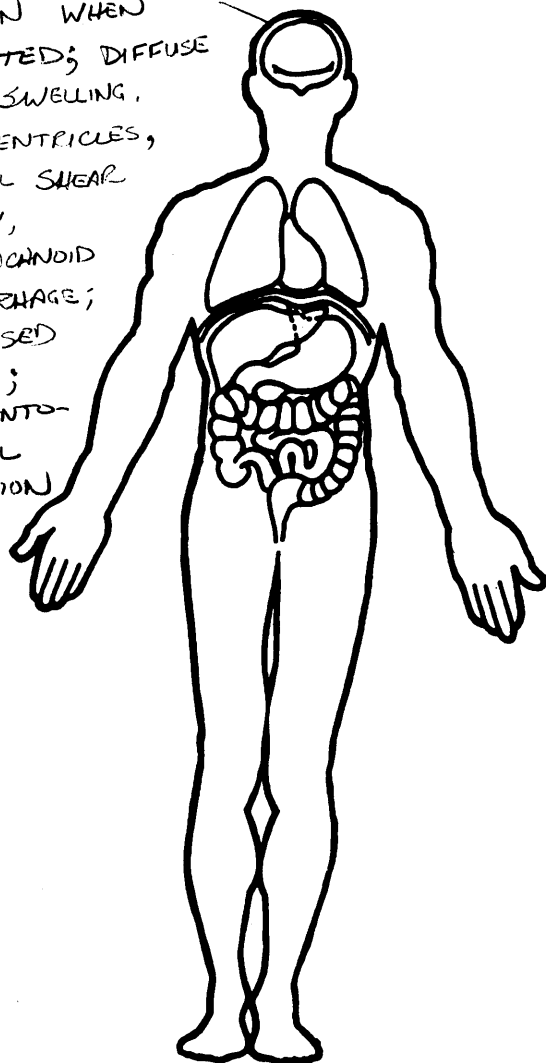
DECREASED

EDEMA;

RT FRONTO-

PARIETAL

CONTUSION





## UPDATE FORM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number — Stratum

3. Vehicle Number

4. Occupant Number

RECEIVED

1997

Driver or Occupant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Other Information: \_\_\_\_\_

(Sanitize this section prior to Update submission.)

### STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested		98
OAL09. Date Official Medical Data Obtained		97
OAL16. Injury Treatment Status		
OAL17. Injury Information		
<u>Official</u>		
a. Autopsy (invasive examination)	B	
b. Post-ER medical record which includes information about death based on non-invasive examination	B	
c. Admission record/summary or admission/discharge face sheet	B	
d. Discharge summary	B	01
e. Operative report	B	
f. Radiographic record(s) (X-ray, CT scan)	B	
g. History and physical examination and/or consultation records	B	
h. Emergency room records (includes nurses' notes)	B	
j. Private physician	B	
<u>Unofficial</u>		
k. Lay coroner	B	
l. EMS record	B	
m. Interviewee	B	
n. Other source (specify):	B	B
o. Police report	B	B

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL18. Medical Facility Code		01
GV14. Alcohol Test Results For Driver		
GV16. Other Drug Specimen Test Type For Driver		
OA05. Occupant's Age		
OA06. Occupant's Sex		
OA07. Occupant's Height		
OA08. Occupant's Weight		
OA61. Treatment-Mortality		
OA62. Type of Medical Facility (for Initial Treatment)		
OA63. Hospital Stay		



## UPDATE FORM

## NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

11

2. Case Number - Stratum

16351 ~~68E~~

3. Vehicle Number

01

4. Occupant Number

02

RECEIVED

1996

Driver or Occupant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Other Information: \_\_\_\_\_

(Sanitize this section prior to Update submission.)

### STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested		96	OAL18. Medical Facility Code		01
OAL09. Date Official Medical Data Obtained		96	GV14. Alcohol Test Results For Driver		
OAL16. Injury Treatment Status			GV16. Other Drug Specimen Test Type For Driver		
OAL17. Injury Information			OA05. Occupant's Age		
<u>Official</u>			OA06. Occupant's Sex		
a. Autopsy (invasive examination)	B		OA07. Occupant's Height		
b. Post-ER medical record which includes information about death based on non-invasive examination	B		OA08. Occupant's Weight		
c. Admission record/summary or admission/discharge face sheet	B		OA61. Treatment-Mortality		
d. Discharge summary	B	011	OA62. Type of Medical Facility (for Initial Treatment)		
e. Operative report	B	011	OA63. Hospital Stay		
f. Radiographic record(s) (X-ray, CT scan)	B	011			
g. History and physical examination and/or consultation records	B	011			
h. Emergency room records (includes nurses' notes)	B	011			
i. Private physician	B				
<u>Unofficial</u>					
k. Lay coroner	B				
l. EMS record	B				
m. Interviewee	B				
n. Other source (specify):	B	B			
o. Police report	B	B			

# PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 3
- (0) Non-interchange area and non-junction
  - (1) Interchange area related

## Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) \_\_\_\_\_
- (5) Unknown type of junction
- (9) Unknown

20. Trafficway Flow 0
- (0) Not physically divided (two way traffic)
  - (1) Divided trafficway-median strip without positive barrier
  - (2) Divided trafficway-median strip with positive barrier
  - (3) One way traffic
  - (9) Unknown

21. Number Of Travel Lanes 5
- (1) One
  - (2) Two
  - (3) Three
  - (4) Four
  - (5) Five
  - (6) Six
  - (7) Seven or more
  - (9) Unknown

22. Roadway Alignment 1
- (1) Straight
  - (2) Curve right
  - (3) Curve left
  - (9) Unknown

23. Roadway Profile 1
- (1) Level
  - (2) Uphill grade (> 2%)
  - (3) Hill crest
  - (4) Downhill grade (> 2%)
  - (5) Sag
  - (9) Unknown

24. Roadway Surface Type 2
- (1) Concrete
  - (2) Bituminous (asphalt)
  - (3) Brick or block
  - (4) Slag, gravel, or stone
  - (5) Dirt
  - (8) Other (specify): \_\_\_\_\_
  - (9) Unknown

25. Roadway Surface Condition 1
- (1) Dry
  - (2) Wet
  - (3) Snow or slush
  - (4) Ice
  - (5) Sand, dirt, or oil
  - (8) Other (specify): \_\_\_\_\_
  - (9) Unknown

26. Light Conditions 1
- (1) Daylight
  - (2) Dark
  - (3) Dark, but lighted
  - (4) Dawn
  - (5) Dusk
  - (9) Unknown

27. Atmospheric Conditions 0
- (0) No adverse atmospheric-related driving conditions
  - (1) Rain
  - (2) Sleet/hail
  - (3) Snow
  - (4) Fog
  - (5) Rain and fog
  - (6) Sleet and fog
  - (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_
  - (9) Unknown

28. Traffic Control Device 0
- (0) No traffic control(s)
  - (1) Traffic control signal (not RR crossing)

## Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): \_\_\_\_\_

- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_
- (9) Unknown

29. Traffic Control Device Functioning 0
- (0) No traffic control device
  - (1) Traffic control device not functioning (specify): \_\_\_\_\_
  - (2) Traffic control device functioning properly
  - (9) Unknown

### OCCUPANT RELATED

37. Driver Presence in Vehicle 1  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown
38. Number of Occupants This Vehicle 01  
 (00-96) Code actual number of occupants for this vehicle  
 (97) 97 or more  
 (99) Unknown
39. Number of Occupant Forms Submitted 01

### AIR BAG RELATED

40. Is this an AOPS Vehicle? 1  
 (0) No (includes unknown)  
 (1) Yes - researcher determined  
 (2) VIN determined air bag system  
 (3) VIN determined automatic (passive) belts  
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6  
 (0) Not equipped or not available  
 (1) No air bags deployed  
*Single Air Bag Vehicle*  
 (2) Driver air bag deployed  
 (3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
 (4) Driver side only deployed  
 (5) Passenger side only deployed  
 (6) Driver and passenger side deployed  
 (7) Driver and passenger side unknown if deployed  
 (8) Air bag(s) deployed, details unknown  
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
 (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

### VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 2000  
 \_\_\_\_\_ Code weight to nearest 10 kilograms.  
 (045) Less than 454 kilograms  
 (612) 6,124 kilograms or more  
 (999) Unknown  
 \_\_\_\_\_ lbs X .4536 = 1996 kgs

Source: \_\_\_\_\_

44. Vehicle Cargo Weight 0000  
 \_\_\_\_\_ Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (454) 4,536 kilograms or more  
 (999) Unknown  
 \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

Source: \_\_\_\_\_

### ROLLOVER DATA

45. Rollover 00  
 (00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
 (01-16) Code the number of quarter turns Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00  
 (00) No rollover  
 (01) Trip-over  
 (02) Flip-over  
 (03) Turn-over  
 (04) Climb-over  
 (05) Fall-over  
 (06) Bounce-over  
 (07) Collision with another vehicle  
 (08) Other rollover initiation type specify): \_\_\_\_\_  
 (98) Rollover--end-over-end  
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0  
 (0) No rollover  
 (1) On roadway  
 (2) On shoulder--paved  
 (3) On shoulder--unpaved  
 (4) On roadside or divided trafficway median  
 (8) Rollover--end-over-end  
 (9) Unknown
48. Rollover Initiation Object Contacted 00  
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0  
 (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify): \_\_\_\_\_  
 (6) Non-contact rollover forces (specify): \_\_\_\_\_  
 (8) Rollover--end-over-end  
 (9) Unknown
50. Direction of Initial Roll 0  
 (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (8) Rollover--end-over-end  
 (9) Unknown roll direction

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)
- (42) Tree ( $> 10$  cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)
- (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)
- (52) Pole or post ( $> 30$  cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_



## EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

Administration		CHARTERED BUSINESS DATA SYSTEM	
1. Primary Sampling Unit Number	<u>01</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>1635</u>		

## VEHICLE IDENTIFICATION

VIN 4 M 2 D 0 5 5 P 3 V 0 \_\_\_\_\_ Model Year 97  
Vehicle Make (specify): Mercury \_\_\_\_\_ Vehicle Model (specify): Mountaineer \_\_\_\_\_

## LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	front seats FL Bump corner	ENTIRE FRONT	C1

### CRUSH PROFILE IN CENTIMETERS

**NOTES:** Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

**Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.**

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

	44	74
--	----	----

## ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase                      \_\_\_\_\_ inches    x 2.54    =                      \_\_\_\_\_ cm

Overall Length                      \_\_\_\_\_ inches    x 2.54    =                      \_\_\_\_\_ cm

Maximum Width                      \_\_\_\_\_ inches    x 2.54    =                      \_\_\_\_\_ cm

Curb Weight                      \_\_\_\_\_, \_\_\_\_\_ pounds    x .4536    =                      \_\_\_\_\_, \_\_\_\_\_ kg

Average Track                      \_\_\_\_\_ inches    x 2.54    =                      \_\_\_\_\_ cm

Front Overhang                      \_\_\_\_\_ inches    x 2.54    =                      \_\_\_\_\_ cm

Rear Overhang                      \_\_\_\_\_ inches    x 2.54    =                      \_\_\_\_\_ cm

Undeformed End Width                      \_\_\_\_\_ inches    x 2.54    =                      \_\_\_\_\_ cm

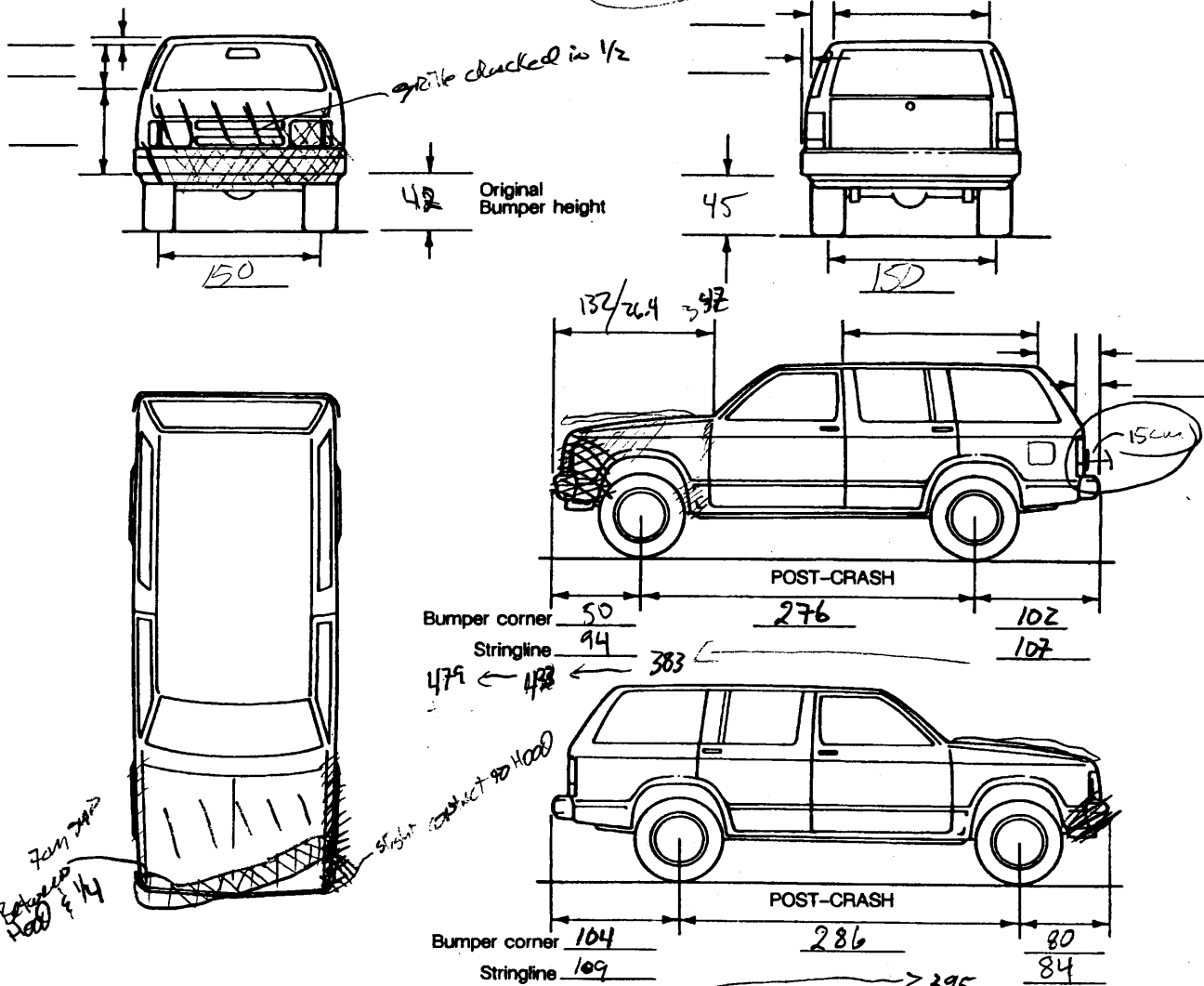
Engine Size: cyl./displ.                      \_\_\_\_\_ cc                      x .001    =                      \_\_\_\_\_ L

   \_\_\_\_\_ CID                      x .0164    =                      \_\_\_\_\_ L

## VEHICLE DAMAGE SKETCH

<b>TIRE—WHEEL DAMAGE</b> a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		<b>ORIGINAL SPECIFICATIONS</b> Wheelbase <u>283</u> cm Overall Length <u>479</u> cm Maximum Width <u>178</u> cm Curb Weight <u>1996</u> kg Average Track <u>150</u> cm Front Overhang <u>89</u> cm Rear Overhang <u>107</u> cm Undeformed End Width <u>148</u> cm Engine Size: cyl./displ. <u>5.0</u> L		<b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only) RF $\pm$ <u>      </u> ° LF $\pm$ <u>15</u> ° RR $\pm$ <u>      </u> ° LR $\pm$ <u>      </u> ° Within $\pm$ 5 degrees	
<b>TYPE OF TRANSMISSION</b> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT $\geq$ 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>DRIVE WHEELS</b> <input type="checkbox"/> FWD <input type="checkbox"/> RWD <input checked="" type="checkbox"/> 4WD			
				Approximate Cargo Weight <u>0</u> kg			

## MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

### CODES FOR OBJECT CONTACTED

(75)	Vehicle occupant
(76)	Animal
(77)	Train
(78)	Trailer, disconnected in transport
(79)	Object fell from vehicle in-transport
(88)	Other nonfixed object (specify):
(89)	Unknown nonfixed object
(98)	Other event (specify):
(99)	Unknown event or object

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

~~12~~ 12

## Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>±D</u>
<u>148</u>	<u>032</u>	<u>017</u>	<u>015</u>	<u>007</u>	<u>000</u>	<u>000</u>	<u>+0010</u>

## Second Highest Delta "V"

23. <u>L</u>	24. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	25. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width  
(Coded when highest severity impact is an end plane impact.) 148  
 \_\_\_\_\_ Code to the nearest centimeter  
 (250) 250 centimeters or more  
 (998) No highest severity end plane impact  
 (999) Unknown

27. Direct Damage Width  
(For highest severity impact) 124  
 \_\_\_\_\_ Code to the nearest centimeter  
 (250) 250 centimeters or more  
 (999) Unknown

28. Original Wheelbase 283  
 \_\_\_\_\_ Code to the nearest centimeter  
 (650) 650 centimeters or more  
 (999) Unknown  
 \_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

29. Original Average Track Width 150  
 \_\_\_\_\_ Code to the nearest centimeter  
 (185) 185 centimeters or more  
 (999) Unknown  
 \_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

## FUEL SYSTEM

30. Are CDCs Documented but Not Coded on The Automated File? 0  
(0) No  
(1) Yes
31. Researcher's Assessment of Vehicle Disposition 1  
(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0  
(0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications (specify): \_\_\_\_\_  
\_\_\_\_\_  
(Include photograph of CERTIFICATION PLACARD in case report)  
(9) Unknown if vehicle is modified

## FIRE OCCURRENCE

33. Fire Occurrence 0  
(0) No fire  
  
Yes, fire occurred  
(1) Minor  
(2) Major  
(9) Unknown
34. Origin of Fire 0  
(0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_  
(9) Unknown

35. Location of Fuel Tank-1 Filler Cap 2
36. Location of Fuel Tank-2 Filler Cap 0  
(0) No fuel tank  
(1) On back plane  
(2) Aft of center of the rear wheels (rear axle) on left side plane  
(3) Aft of center of the rear wheels (rear axle) on right side plane  
(4) Forward of center of the rear wheels (rear axle) on left side plane  
(5) Forward of center of the rear wheels (rear axle) on right side plane  
(6) Over the center of the rear wheels (rear axle) on left side plane  
(7) Over the center of the rear wheels (rear axle) on right side plane  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

37. Type of Fuel Tank-1 1
38. Type of Fuel Tank-2 0  
(0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

39. Location of Fuel Tank-1 0
40. Location of Fuel Tank-2 0  
(0) No fuel tank  
(1) Aft of center of the rear wheels (rear axle) centered  
(2) Aft of center of the rear wheels (rear axle) left side  
(3) Aft of center of the rear wheels (rear axle) right side  
(4) Forward of center of the rear wheels (rear axle) centered  
(5) Forward of center of the rear wheels (rear axle) left side  
(6) Forward of center of the rear wheels (rear axle) right side  
(7) Over center of the rear wheels (rear axle)  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

41. Damage to Fuel Tank-1 1
42. Damage to Fuel Tank-2 0  
(0) No fuel tank  
(1) No damage to fuel tank  
(2) Deformed, no seam failure  
(3) Deformed, with a seam failure  
(4) Punctured  
(5) Lacerated (ripped)  
(6) Abraded (scraped)  
(7) Filler neck separation from the fuel tank  
(8) Other damage (specify): \_\_\_\_\_  
(9) Unknown

43. Leakage Location of Fuel System-1

1  
0

44. Leakage Location of Fuel System-2

- (0) No fuel tank  
(1) No fuel leakage

*Primary Area Of Leakage*

- (2) Tank  
(3) Filler neck  
(4) Cap  
(5) Lines/pump/filter  
(6) Vent/emission recovery  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

45. Fuel Type-1

01

46. Fuel Type-2

00*Single Fuel Type*

- (00) No fuel tank  
(01) Gasoline  
(02) Diesel  
(03) CNG (Compressed Natural Gas)  
(04) LPG (Liquid Petroleum Gas) also known as Propane  
(05) LNG (Liquid Natural Gas)  
(06) Methanol (M100 or M85)  
(07) Ethanol (E100 or E85)  
(08) Other (Hydrogen or others) (specify): \_\_\_\_\_

*Electric Powered or Electric/Solar Powered Vehicles*

- (10) Lead Acid Battery  
(11) Nickel-Iron Battery  
(12) Nickel-Cadmium Battery  
(13) Sodium Metal Chloride Battery  
(14) Sodium Sulfur Battery  
(18) Other (Specify): \_\_\_\_\_

(98) Other Hybrid (specify): \_\_\_\_\_

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

*Yes - More Than Two Tanks*

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage  
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): \_\_\_\_\_  
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):  
Type of tank \_\_\_\_\_  
Tank location \_\_\_\_\_  
Filler cap location \_\_\_\_\_  
Tank damage \_\_\_\_\_  
Location of leakage \_\_\_\_\_  
Type of fuel \_\_\_\_\_  
(9) Unknown if more than two tanks

**COMMENTS**

---

---

---

---

---

---

---

---

---

---

---

---

\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED \*\*\*

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



# INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 11

2. Case Number - Stratum 1635

3. Vehicle Number 02

## INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

## GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 3 19. RR 3

20. BL 3 21. Roof 0 22. Other 3

(0) No glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted (original)

(4) AS-2 — Tempered-with after market tint

(5) AS-3 — Tempered-tinted (with additional after market tint)

(6) AS-14 — Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 2 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

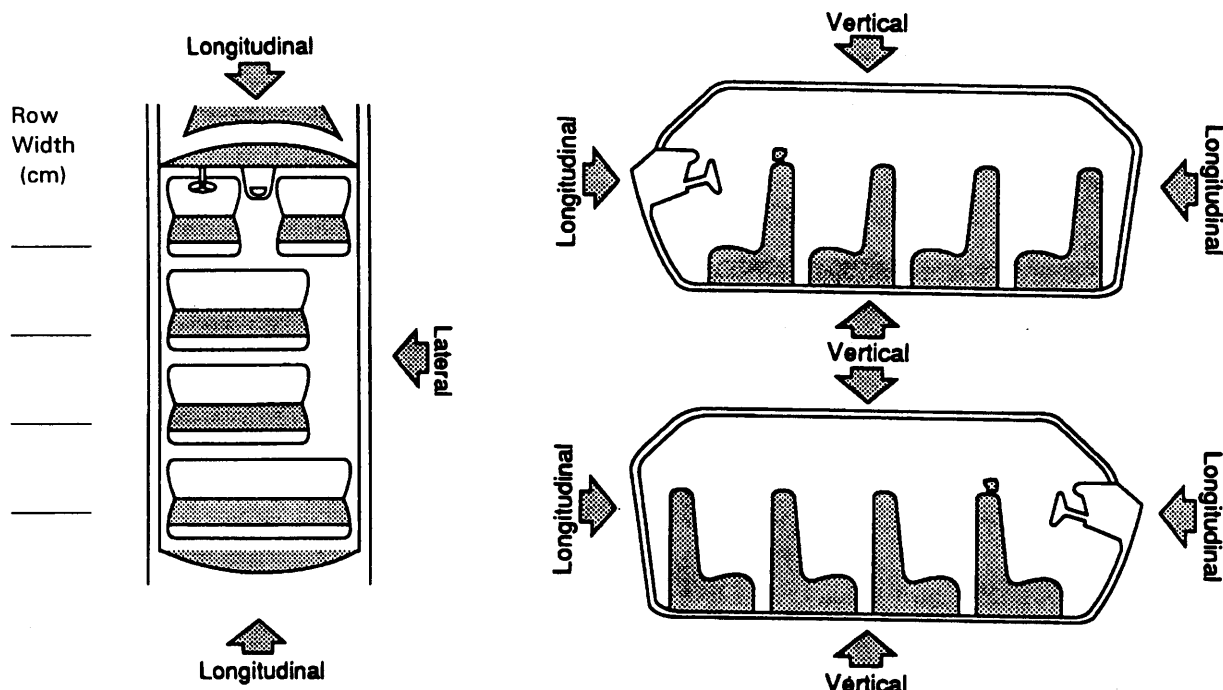
(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant



# INTRUSION WORKSHEET

**NOTE: SKETCH INTRUDED AREAS**



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)				INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	—	INTRUDED VALUE	=		
11	Floor/ice pad	54	—	54	=	∅	Long
11	DASH	74	—	74	=	∅	Long
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		
			—		=		

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

## INTRUDING COMPONENT

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): \_\_\_\_\_

*Exterior Components*

- (30) Hood
- (31) Outside surface of this vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

## LOCATION OF INTRUSION

Front Seat  
 (11) Left  
 (12) Middle  
 (13) Right

Second Seat  
 (21) Left  
 (22) Middle  
 (23) Right

Third Seat  
 (31) Left  
 (32) Middle  
 (33) Right

Fourth Seat  
 (41) Left  
 (42) Middle  
 (43) Right

(97) Catastrophic  
 (98) Other enclosed area (specify) \_\_\_\_\_

(99) Unknown

## MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

**STEERING RIM/SPOKE DEFORMATION**

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

## STEERING COLUMN

## INSTRUMENT PANEL

87. Steering Column Type 2

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_

(9) Unknown

88. Tilt Steering Column Adjustment 2

- (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

90. Steering Rim/Spoke Deformation 0 0

- Code actual measured  
 deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 0 0

(00) No steering rim deformation

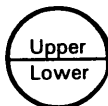
## Quarter Sections

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

92. Odometer Reading 000,000

\_\_\_\_\_ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown

\_\_\_\_\_ 93 miles X 1.6093 = 000,150 kilometers

Source: \_\_\_\_\_

93. Instrument Panel Damage from Occupant Contact? 1

- (0) No  
 (1) Yes  
 (9) Unknown

94. Type of Knee Bolster Covering 2

- (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1

- (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

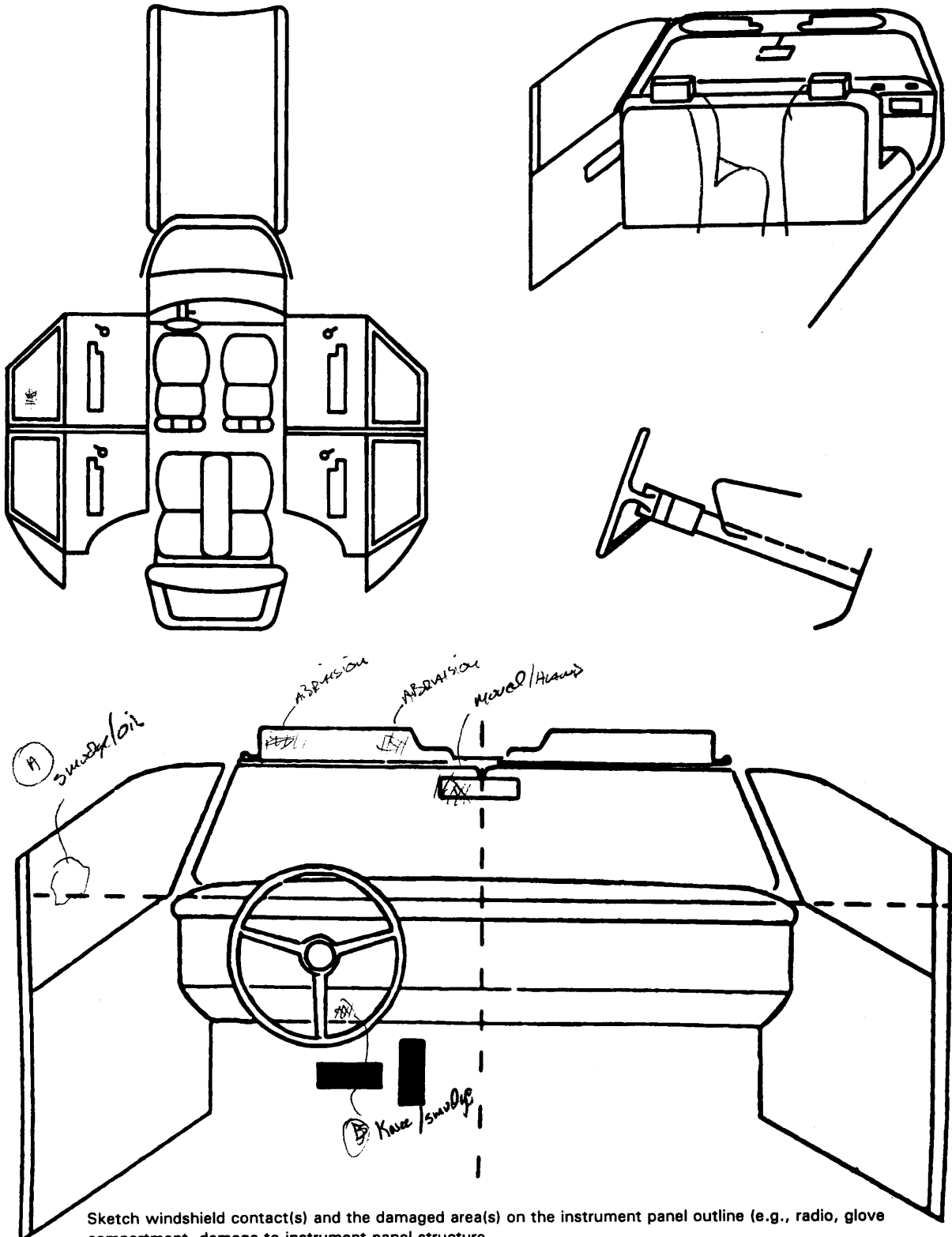
97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed (Check all that apply.)  
☐ Hand controls for braking/acceleration  
☐ Steering control devices (attached to OEM steering wheel)  
☐ Steering knob attached to steering wheel  
☐ Low effort power steering (unit or device)  
☐ Replacement steering wheel (i.e., reduced diameter)  
☐ Joy-stick steering controls  
☐ Wheelchair tie-downs  
☐ Modification to seat belts (specify): \_\_\_\_\_  
☐ Additional or relocated switches (specify): \_\_\_\_\_  
☐ Raised roof  
☐ Wall-mounted head rest (used behind wheelchair)  
☐ Other adaptive device (specify): \_\_\_\_\_

(9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	056	1	Head	on sample	1
B	010	1	Knee	sample	1
C	005	1	Hand	ADDITIONAL	2
D	002	1	Hand	moved mirror	2
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tape deck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object, (specify):  
 (019) Other front object (specify):

## CODES FOR INTERIOR COMPONENTS

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify):  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify):  
 RIGHT SIDE  
 (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify):  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify):  
 (155) Head restraint system  
 (160) Other occupants (specify):  
 (161) Interior loose objects  
 (162) Child safety seat (specify):  
 (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify)  
 (195) Other air bag compartment cover (specify)

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify):  
 (409) Additional or relocated switches, (specify):  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown

# MANUAL RESTRAINTS

**NOTES:** Encode the applicable data for **each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4		4
	B-Evidence of usage	04		04
	C-Used in this crash?	04		00
	D-Proper Use	1		0
	E-Failure Modes	1		0
	F-Anchorage Adjustment	2		2
SECOND	A-Availability	4	3	4
	B-Evidence of usage	00	00	04
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

## A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

- (9) Unknown

## B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

## D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

### Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

- (9) Unknown

## E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

## F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

### Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

**AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

**AIR BAGS**

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
FIRST	Availability/Function	1	1	
	Deployment	1	1	
	Failure	1	1	

**Air Bag System Availability/Function**

(0) Not equipped/not available

(1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled

(9) Unknown

**Air Bag System Deployment****(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

**Are There Indications of Air Bag System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): \_\_\_\_\_

(9) Unknown

**AUTOMATIC BELTS**

		Left	Right
FIRST	A-Availability/Function		
	B-Use		
	C-Type		
	D-Proper Use		
	E-Failure Modes		

**A-Automatic (Passive) Belt System Availability/Function**

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

*Non-functional*

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

**B-Automatic (Passive) Belt System Use**

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

**C-Automatic (Passive) Belt System Type**

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

**D-Proper Use of Automatic (Passive) Belt System**

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly

with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of automatic belt system (specify): \_\_\_\_\_

(9) Unknown

**E-Automatic (Passive) Belt Failure Modes During Accident**

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor

(7) Combination of above (specify): \_\_\_\_\_

(8) Other automatic belt failure (specify): \_\_\_\_\_

(9) Unknown



# FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	01	01
E-Source of air bag damage	01	01
F-Air bag tethered?	2 <i>two</i>	1
G-Air bag have vent ports?	2 <i>two</i>	2 <i>two</i>
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	2	1

## A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

## B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

### Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

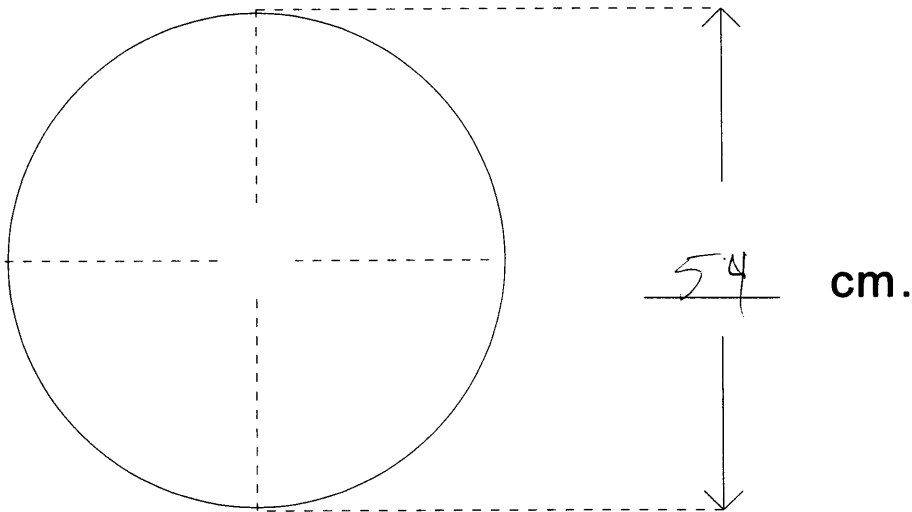
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

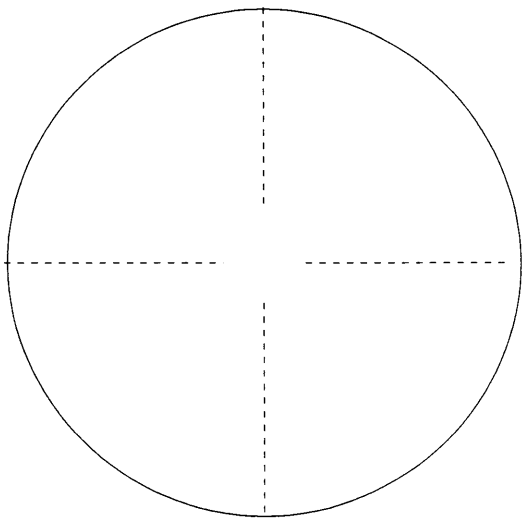
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



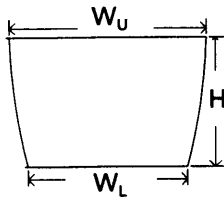
2 4thens  
2 Holes

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



## DRIVER AIR BAG SKETCHES (Cont'd)

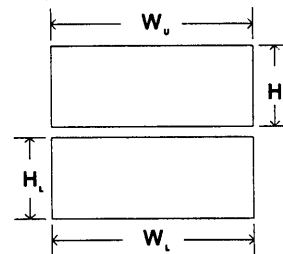
## 3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width ( $W_U$ ) 23 width ( $W_L$ ) 18height ( $H$ ) 13

## 4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

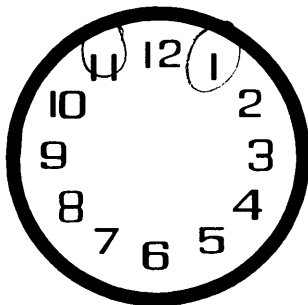
b. Lower Flap

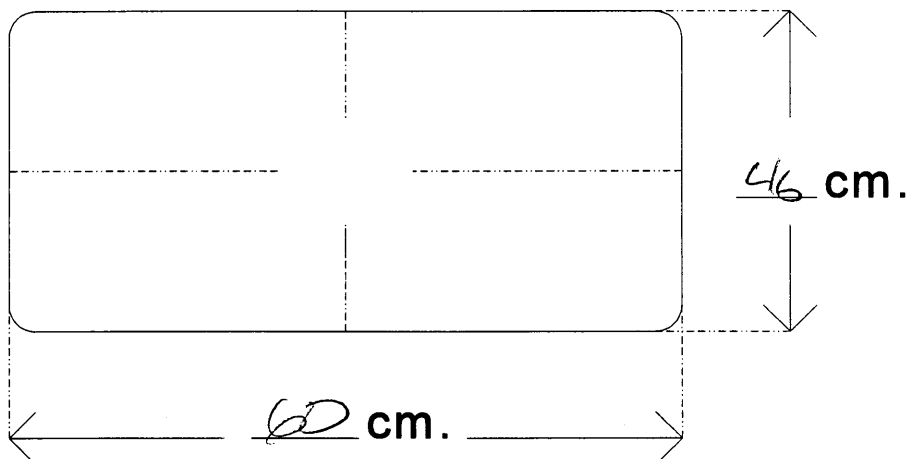
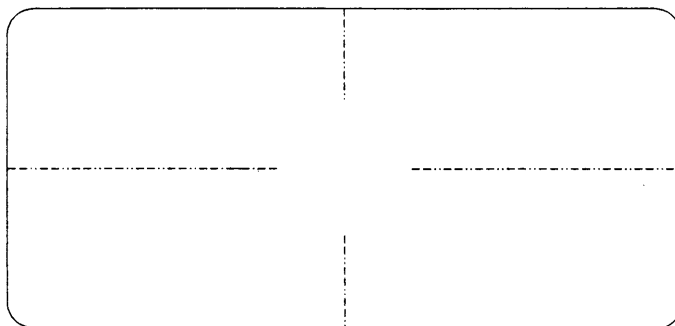
width ( $W_U$ ) 23width ( $W_L$ ) 18height ( $H_U$ ) 13height ( $H_L$ ) 8

## 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

## 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

## 7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

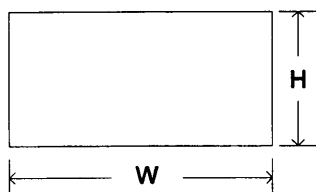


**PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES****1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

## PASSENGER AIR BAG SKETCHES (Cont'd)

## 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

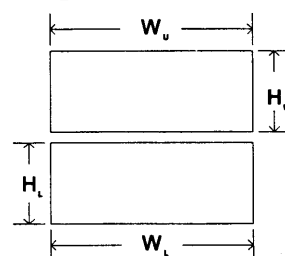
width (W) 37  
 height (H) 18



## 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

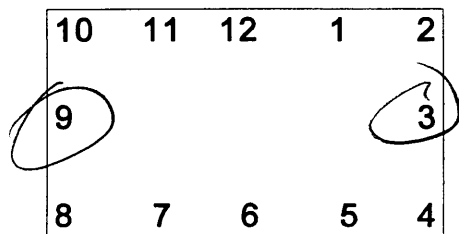
b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_ width ( $W_L$ ) \_\_\_\_\_height ( $H_U$ ) \_\_\_\_\_ height ( $H_L$ ) \_\_\_\_\_

## 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

## 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

## 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**"OTHER" AIR BAG SKETCHES (Cont'd)**

**3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG**

**4. SKETCH AIR BAG VENT PORTS**

**HEAD RESTRAINTS/SEAT EVALUATION**

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found on the next page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
<b>FIRST</b>	A-Head Restraint Type/Damage	1		1
	B-Seat Type	01		01
	C-Seat Orientation	1		1
	D-Seat Track Position	3		3
	E-Seat Back Incline Pre/Post Impact	14		14
	F-Seat Performance	1		1
<b>SECOND</b>	A-Head Restraint Type/Damage	3	0	3
	B-Seat Type	07	07	07
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
<b>THIRD</b>	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
<b>OTHER</b>	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**



## HEAD RESTRAINTS/SEAT EVALUATION

**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**B-Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): \_\_\_\_\_
- (99) Unknown

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**D-Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

**Adjustable Seat Track**

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

**E-Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
- (01) Not adjustable

**Upright prior to impact**

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

**Slightly reclined prior to impact**

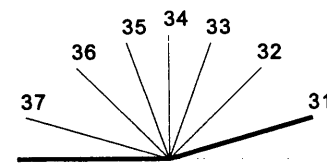
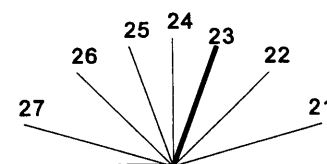
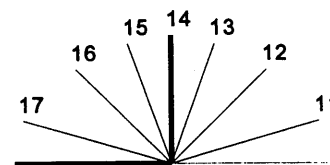
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

**F-Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

DESCRIBE ANY INDICATION OF

ABNORMAL OCCUPANT POSTURE

(I.E., UNUSUAL OCCUPANT

CONTACT PATTERN)

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

### 1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): \_\_\_\_\_
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

### 2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): \_\_\_\_\_
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): \_\_\_\_\_
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): \_\_\_\_\_
- (29) Unknown orientation
- (99) Unknown if child safety seat used

### 3. Child Safety Seat Harness Usage

### 4. Child Safety Seat Shield Usage

- 5. Child Safety Seat Tether Usage
- Note: Options Below Are Used for Variables 3-5.
- (00) No child safety seat
- Not Designed with Harness/Shield/Tether
- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

- Designed With Harness/Shield/Tether
- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

- Unknown If Designed With Harness/Shield/Tether
- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

### 6. Child Safety Seat Make/Model (Specify make/model and occupant number)

---



---



---



---

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION**      No ☒      Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

---



---



---



---

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

- (9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT**      No ☒      Yes ☐

Describe entrapment mechanism:

---



---



---



---

Component(s):

---

(Note on vehicle interior sketch)



# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest  
centimeter.

(999) Unknown

65 inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight

Code actual weight to the nearest  
kilogram.

(999) Unknown

138 pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with  
another occupant or to look out a rear  
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in  
front of seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

BEST AVAILABLE

**EJECTION/ENTRAPMENT****12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

4

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 2

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable Shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection  
☐ Official injury data  
☒ Driver/occupant interview  
☒ Other (specify):

PAY  
☐ Unknown if belt used

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

30. Frontal Air Bag System 1

Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function 0

(This Occupant Position)  
 (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
\_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available  
\_\_\_\_\_  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):  
\_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact

- (000) Not equipped/not available 023  
Code the value of the delta V for the impact that initiated the air bag deployment  
(996) Deployment, unknown longitudinal Delta V  
(997) Not deployed  
(998) Unknown if deployed  
(999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):  
\_\_\_\_\_  
(95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown



**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*

44. Source of Air Bag Damage 21  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 (03) Object carried by occupant, (specify):  
 (04) Adaptive/assistive controls, (specify):  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (88) Other damage source (specify):  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps) (two)  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports) (two)  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION**

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 (9) Unknown
50. Seat Type (this Occupant Position) 21  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION** *continued*

53. Seat Back Incline Prior and Post Impact

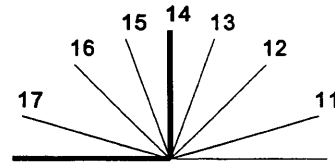
1 4

(00) Occupant not seated or no seat

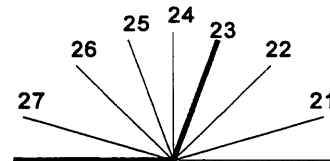
(01) Not adjustable

***Upright prior to impact***

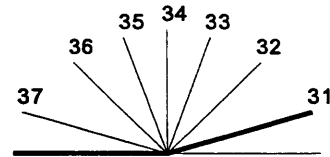
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position)

1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000  
 (000) No child safety seat  
 Applicable codes are found in your NASS CDS  
 Data Collection, Coding and Editing  
 (950) Built-in child safety seat  
 (997) Other make/model (specify):

(998) Unknown make/model  
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0  
 (0) No child safety seat  
 (1) Infant seat  
 (2) Toddler seat  
 (3) Convertible seat  
 (4) Booster seat - with shield  
 (5) Booster seat - without shield  
 (7) Other type child safety seat (specify):  
 (8) Unknown child safety seat type  
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00  
 (00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing  
 (02) Forward facing  
 (08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing  
 (12) Forward facing  
 (18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing  
 (22) Forward facing  
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to  
 Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether  
 added, not used  
 (02) After market harness/shield/tether used  
 (03) Child safety seat used, but no after market  
 harness/shield/tether added  
 (09) Unknown if harness/shield/tether  
 added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used  
 (12) Harness/shield/tether used  
 (19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used  
 (22) Harness/shield/tether used  
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****61. Injury Severity (Police Rating)** 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

**62. Treatment - Mortality** 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

**63. Type Of Medical Facility (for Initial Treatment)** 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

**64. Hospital Stay** 00

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

**65. Working Days Lost** 00

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 00  
 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00  
 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 02

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 01  
 (at Medical Facility)

- (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given  
 (2) Yes - blood given

(specify units):  
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01

- (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview

(8) Other (specify):  
 (9) Unknown if belt used

U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

11

3. Vehicle Number

02

2. Case Number - Stratum

1635

4. Occupant Number

01

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90		Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
		Type of Anatomic Structure	Specific Anatomic Structure								
1st	5. <u>7</u>	6. <u>7</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>002</u>	13. <u>3</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>7</u>	17. <u>7</u>	18. <u>9</u>	19. <u>06</u>	20. <u>02</u>	21. <u>1</u>	22. <u>2</u>	23. <u>170</u>	24. <u>3</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>  </u>	28. <u>  </u>	29. <u>  </u>	30. <u>  </u>	31. <u>  </u>	32. <u>  </u>	33. <u>  </u>	34. <u>  </u>	35. <u>  </u>	36. <u>  </u>	37. <u>  </u>
4th	38. <u>  </u>	39. <u>  </u>	40. <u>  </u>	41. <u>  </u>	42. <u>  </u>	43. <u>  </u>	44. <u>  </u>	45. <u>  </u>	46. <u>  </u>	47. <u>  </u>	48. <u>  </u>
5th	49. <u>  </u>	50. <u>  </u>	51. <u>  </u>	52. <u>  </u>	53. <u>  </u>	54. <u>  </u>	55. <u>  </u>	56. <u>  </u>	57. <u>  </u>	58. <u>  </u>	59. <u>  </u>
6th	60. <u>  </u>	61. <u>  </u>	62. <u>  </u>	63. <u>  </u>	64. <u>  </u>	65. <u>  </u>	66. <u>  </u>	67. <u>  </u>	68. <u>  </u>	69. <u>  </u>	70. <u>  </u>
7th	71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>
8th	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>
9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>

OCCUPANT INJURY DATA											
Source of Injury Data	A.I.S. - 90					Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

12th

13th

14th

15th

16th

17th

18th

19th

20th

21st

22nd

23rd

24th

25th

## OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure.	(5) Anterior
(6) Spine		99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>	<b>Abbreviated Injury Scale</b>	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

## SOURCE OF INJURY DATA

## INJURY SOURCE

## DIRECT/INDIRECT INJURY

## CONFIDENCE LEVEL

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source



## INJURY SOURCES

## FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

## INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

## AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): \_\_\_\_\_
- (195) Other air bag compartment cover (specify): \_\_\_\_\_

## ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

## EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

## EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

## OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

## NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level  
(mg/dl)

BAL =

Glasgow Coma  
Scale Score

GCSS =

Units of Blood  
Given

Units =

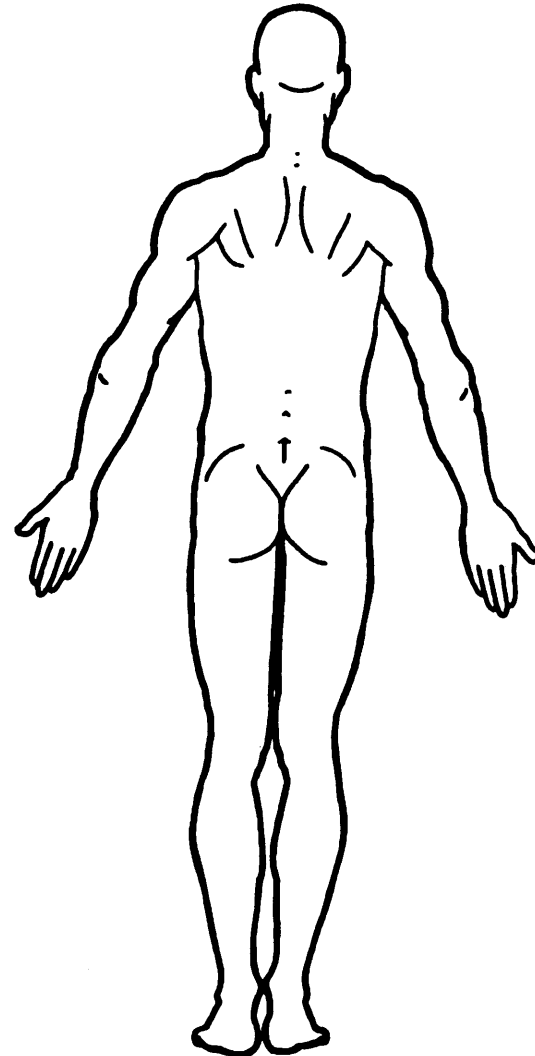
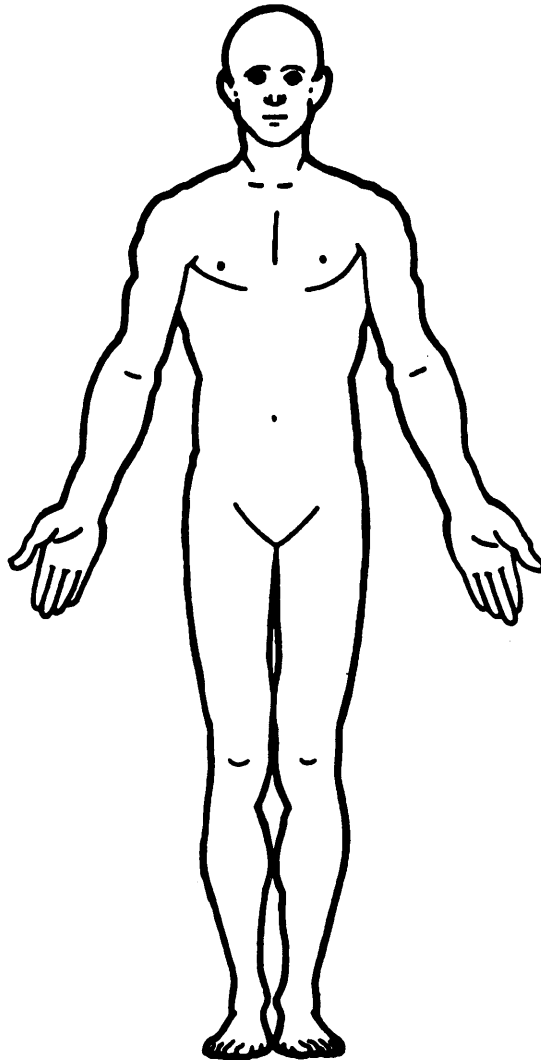
Arterial Blood Gases

pH =

PO<sub>2</sub> =

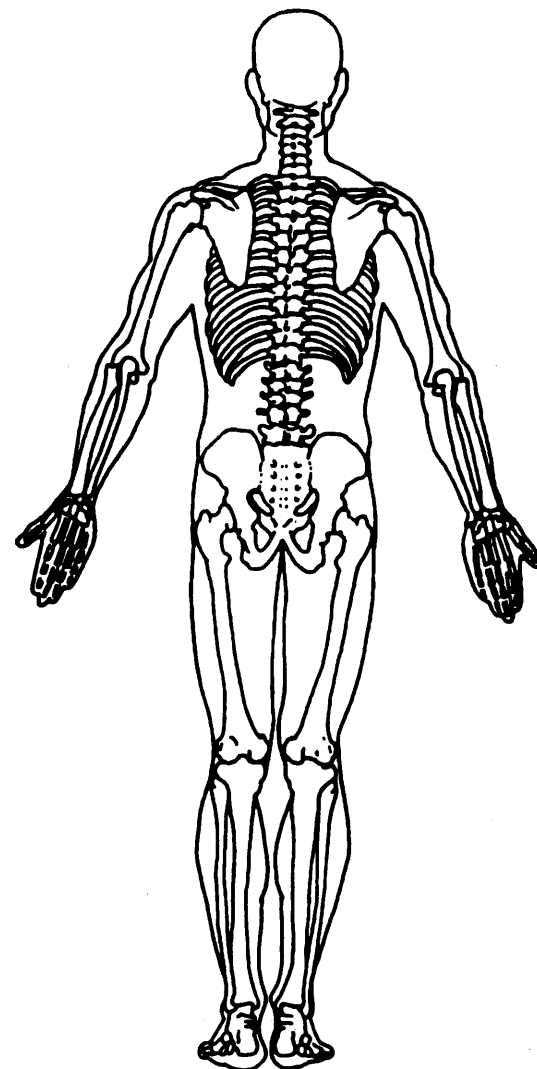
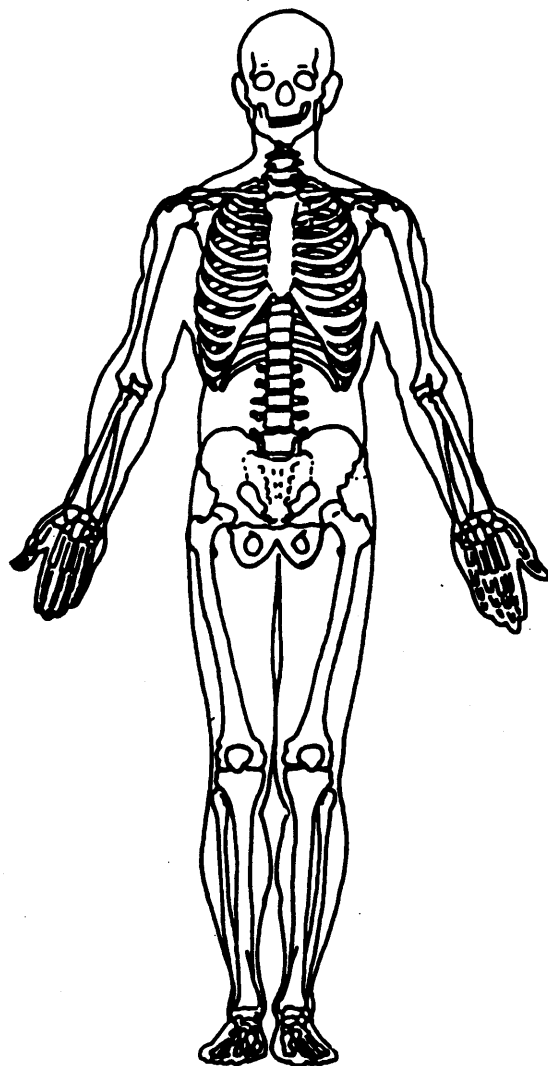
PCO<sub>2</sub>

HCO<sub>3</sub>



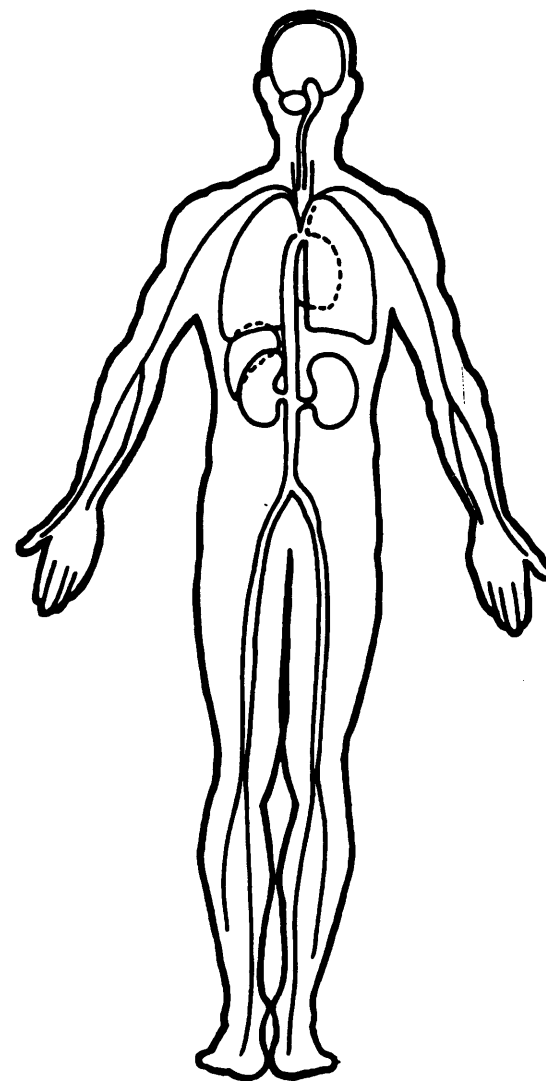
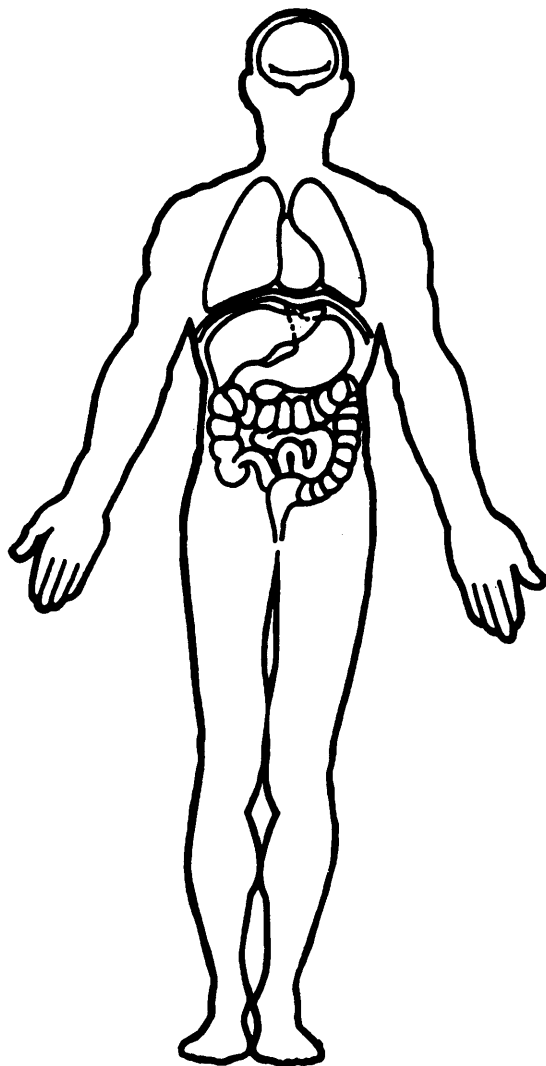
## OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation

National Highway Traffic Safety  
Administration

## SMASH PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## Identifying Title

11 1635 01 96Primary  
Sampling Unit

Case No.-Stratum

Accident Event  
Sequence No.

Date (Month, day, year) of Run

## GENERAL INFORMATION

## VEHICLE 1

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

01  
1996  
FORD  
Escort LX  
4W  
12 FDEW3  
01 0212 020  
0070°

## VEHICLE 2

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

02  
1997  
Mercury  
Mountain  
12 4W  
12 FDEW2  
01 0212 020  
350 ± 260°

## VEHICLE SPECIFICATIONS

## VEHICLE 1

Wheelbase

Overall Length

Overall Width

Weight

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

250 cm  
435 cm  
169 cm  
1109 + 71 + 0 = 1180 kg  
1.9 L  
FWD  
1  
9

## VEHICLE 2

Wheelbase

Overall Length

Overall Width

Weight

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

283 cm  
479 cm  
178 cm  
1996 + 78 + 0 = 2074 kg  
5.0 L  
AWD  
48  
7

## DAMAGE INFORMATION

## VEHICLE 1

Damage Known?

Damage Length

Damage Offset

Crush Depth:

4  
144 cm  
± 000 cm  
011 C1 021 cm  
C2 025 cm  
C3 038 cm  
C4 052 cm  
C5 059 cm  
C6 051 cm

## VEHICLE 2

Damage Known?

Damage Length

Damage Offset

Crush Depth:

4  
148 cm  
± 010 cm  
C1 032 cm  
C2 017 cm  
C3 015 cm  
C4 007 cm  
C5 000 cm  
C6 000 cm

## SCENE INFORMATION

Rest and Impact Positions ☐ No ☐ Yes

## VEHICLE 1

Rest X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °  
 Impact X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °  
 Slip Angle (-180 to +180) \_\_\_\_\_ °

## VEHICLE 2

Rest X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °  
 Impact X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °  
 Slip Angle (-180 to +180) \_\_\_\_\_ °

## VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

## VEHICLE 1

Vehicle Rotation ☐ No ☐ Yes  
 Rotation Stop Before Rest ☐ No ☐ Yes  
 End of Rotation X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °

Curved Path ☐ No ☐ Yes

Point on Path

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation >360° ☐ No ☐ YesSustained Contact ☐ No ☐ Yes

## VEHICLE 2

Vehicle Rotation ☐ No ☐ Yes  
 Rotation Stop Before Rest ☐ No ☐ Yes  
 End of Rotation X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °

Curved Path ☐ No ☐ Yes

Point on Path

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation >360° ☐ No ☐ Yes

## FRICTION INFORMATION

Coefficient of Friction \_\_\_\_\_

Rolling Resistance Option \_\_\_\_\_

1

## Vehicle 1 Rolling Resistance

LF \_\_\_\_\_  
 RF \_\_\_\_\_  
 LR \_\_\_\_\_  
 RR \_\_\_\_\_

## Vehicle 2 Rolling Resistance

LF \_\_\_\_\_  
 RF \_\_\_\_\_  
 LR \_\_\_\_\_  
 RR \_\_\_\_\_

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE *NOT IN TRANSPORT*, FILL IN THE INFORMATION BELOW.

Model Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

**Complete and ATTACH the appropriate  
 damage sketch and dimensions to the form.**

## General Information

11 163J Z.C. RERUN IMP. 1 SMASH TO WINSMASH

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Year:	1996	1997
Make:	Ford	MERCURY
Model:	Escort LX	MOUNTAINEER
Body Style:	4W	4U
CDC:	01FDEW3	12FDEW2
Damaged Side:		
PDOF:	20 degrees	350 degrees
Heading Angle:	70 degrees	270 degrees

## Vehicle Information

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Wheelbase:	250.0 cm	283.0 cm
Length:	435.0 cm	479.0 cm
Width:	169.0 cm	178.0 cm
Weight:	1180.0 kg	2074.0 kg
Center of Gravity:	193.0 cm	251.0 cm
Radius of Gyration:	113.8 cm	155.4 cm
D0:	99.2 sqrt(N)	109.7 sqrt(N)
D1:	6.5 sqrt(N)/cm	8.5 sqrt(N)/cm
Size Category:	1	4
Stiffness Category:	9	7

Vehicle 1: Used d0 and d1 values estimated from the vehicle size.

Vehicle 2: Used d0 and d1 values estimated from the vehicle size.

11 163J Z.C. RERUN IMP. 1 SMASH TO WINSMASH

## Damage Information

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Damage Length:	144.0 cm	148.0 cm
Damage Offset:	0.0 cm	-10.0 cm
C1:	11.0 cm	32.0 cm
C2:	25.0 cm	17.0 cm
C3:	38.0 cm	15.0 cm
C4:	52.0 cm	7.0 cm
C5:	59.0 cm	0.0 cm
C6:	51.0 cm	0.0 cm



## Summary of Results Using Damage

### Vehicle 1

	Speed Change (Damage)
Total:	41.8 km/h
Longitudinal:	-39.3 km/h
Latitudinal:	-14.3 km/h

Energy Dissipated: 102,239 Joules

Barrier Equivalent Speed: 44.1 km/h

Used d0 and d1 values estimated from the vehicle size.

### Vehicle 2

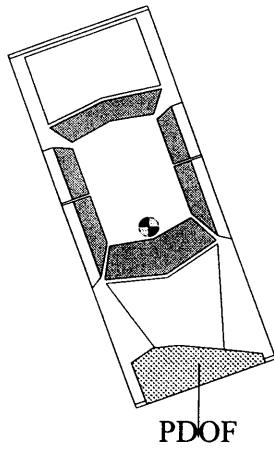
	Speed Change (Damage)
Total:	23.8 km/h
Longitudinal:	-23.4 km/h
Latitudinal:	4.1 km/h

Energy Dissipated: 35,033 Joules

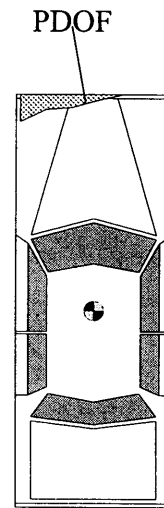
Barrier Equivalent Speed: 20.9 km/h

Used d0 and d1 values estimated from the vehicle size.

## Damage



1996 Ford Escort LX 4W



1997 MERCURY MOUNTAINEER 4U

11163J000000011	69.0400000000000021735000000	86	96	87	86046774000
00100000004677408	0205				
11163J00010012	69.04100000000000101F0214F				
11163J01000021	9.04 0000000009612013061FASP15J1TW			199908900079	13
0511211000021115011168					
11163J01000022	9.04 000000000102021601110000000000004005027001001044-041-01				
5102299810450301					
11163J01000031	9.04 000000000010201FDEW03			144011025038052059051	
000	14413625014401000201040101001000				
11163J01000041	9.04 00000000006131310000012222202124221012161110111111101				
11163J01000042	9.04 000000000130522131212130412				
	1000000001612210				
11163J01010051	9.04 00000000031216305711140000033000000112114211001111011-04				
121010122113021414100000000000023106970000000014159011					
11163J01010161	9.04 0000000002852400210072100				
11163J01010261	9.04 0000000002450222331522100				
11163J01010361	9.04 0000000002541826411522100				
11163J01010461	9.04 0000000002541812211522100				
11163J01010561	9.04 0000000007890402112541100				
11163J01010661	9.04 0000000003490402121522100				
11163J01010761	9.04 0000000007790402121703100				
11163J01010861	9.04 0000000003490202101522100				
11163J01010961	9.04 0000000003390202121522100				
11163J01011061	9.04 0000000003890602120142100				
11163J01011161	9.04 0000000003890202130142100				
11163J01011261	9.04 0000000003890402110072100				
11163J01011361	9.04 0000000002450804241522100				
11163J01011461	9.04 0000000003890600110072100				
11163J01020051	9.04 00000000003110701521390000001303110112412211002111011-04				
12105951211302152310000000000000331289700000000014099011					
11163J01020161	9.04 0000000002190402111802100				
11163J01020261	9.04 0000000002140668391802100				
11163J01020361	9.04 0000000002140684391802100				
11163J01020461	9.04 0000000002140628591802100				
11163J01020561	9.04 0000000007190202111802100				
11163J01020661	9.04 0000000007190602121802100				
11163J01020761	9.04 0000000007790402121613100				
11163J01020861	9.04 0000000007290402111802100				
11163J01020961	9.04 0000000007790402111522100				
11163J01021061	9.04 0000000007890402121522100				
11163J01021161	9.04 0000000007790202111522100				
11163J01021261	9.04 0000000007590202181522100				
11163J01021361	9.04 0000000002160824501802100				
11163J01021461	9.04 0000000007790402111012100				
11163J02000021	9.04 0000000009714401144M2DU55P3VUJ			199908909670	13
0511211000010162011169					
11163J02000022	9.04 0000000001010116020000000000000001027005001001025-023+00				
8050699810240301					
11163J02000031	9.04 000000000010111FDEW02			1480320170150070000000-	
010	14812828315001000201050101001000				
11163J02000041	9.04 00000000000111110000012233303122221011111110112111101				
11163J02000042	9.04 000000000				
	2200000000012110				
11163J02010051	9.04 0000000006211650631110000004404112000004211001111011-02				
3210101221210113141000000000000000000000000002011011					
11163J02010161	9.04 0000000007790402110023100				
11163J02010261	9.04 0000000007790602121703100				

[illegible]

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

11

INTRA ERRORS

AVAILABILITY/FUNCTION DA30 equals 1-3, then AUTOMATIC  
ILITY DA23 should equal 0.

OHH2001 2 If AIR BAG A  
HH2002 BELT AVAILAB

0

OCCUPANT INJURY Vehicle: 1 Occupant: 1

11

INTRA ERRORS

IS A SPECIAL INTEREST CASE FOR NHTSA  
SE SHOWS A RESTRAINT AS THE INJURY SOURCE  
FOR AN AIS-2 (OR GREATER) INJURY.  
R ACCURATE AND COMPLETED DOCUMENTS & DATA  
ER THAN AIS-2, CALL  
I12(n) equals 152-154, 162 or 170-195 and A.I.S.  
) equals 2-6.

OTT0541 2 \*\*\*\*\* THIS  
TT0542 \*\*\*\*\* THIS CA  
TT0543 \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FO  
TT0545 \*\*\*\*\* IF GREAT  
TT0546 INJURY SOURCE O  
TT0547 SEVERITY OI10(n

TT0541 2 \*\*\*\*\* THIS IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
TT0542 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
TT0543 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
TT0545 \*\*\*\*\* IF GREATER THAN AIS-2, CALL \*\*\*\*\*  
TT0546 INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.  
TT0547 SEVERITY OI10(n) equals 2-6.

TT0541 2 \*\*\*\*\* THIS IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
TT0542 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
TT0543 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
TT0545 \*\*\*\*\* IF GREATER THAN AIS-2, CALL \*\*\*\*\*  
TT0546 INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.  
TT0547 SEVERITY OI10(n) equals 2-6.

TT0541 2 \*\*\*\*\* THIS IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
TT0542 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
TT0543 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
TT0545 \*\*\*\*\* IF GREATER THAN AIS-2, CALL \*\*\*\*\*  
TT0546 INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.  
TT0547 SEVERITY OI10(n) equals 2-6.

0

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 2

11

INTRA ERRORS

AVAILABILITY/FUNCTION DA30 equals 1-3, then AUTOMATIC  
BILITY DA23 should equal 0.

OHH2001 2 If AIR BAG  
HH2002 BELT AVAILA

HH1981 2 \*\*\*\*\* THIS CASE SHOWS A POSSIBLE AIR BAG FAILURE \*\*\*\*\*  
HH1982 \*\*\*\*\* CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE \*\*\*\*\*  
HH1983 \*\*\*\*\* AND NHTSA HEADQUARTERS AT \*\*\*\*\*  
HH1984 DID AIR BAG FAIL DA34 equals 2.

OCCUPANT INJURY Vehicle: 1 Occupant: 2

11

## INTRA ERRORS

IS A SPECIAL INTEREST CASE FOR NHTSA	*****	OTTO541	2	*****	THIS
SE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****	TT0542		*****	THIS CA
FOR AN AIS-2 (OR GREATER) INJURY.	*****	TT0543		*****	
R ACCURATE AND COMPLETED DOCUMENTS & DATA	*****	TT0544		*****	CHECK FO
ER THAN AIS-2, CALL	*****	TT0545		*****	IF GREAT
I12(n) equals 152-154, 162 or 170-195 and A.I.S.	*****	TT0546			INJURY SOURCE 0
) equals 2-6.		TT0547			SEVERITY OI10(n

TT0541	2	*****	THIS IS A SPECIAL INTEREST CASE FOR NHTSA	*****
TT0542		*****	THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0543		*****	FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0544		*****	CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0545		*****	IF GREATER THAN AIS-2, CALL/	*****
TT0546			INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.	
TT0547			SEVERITY OI10(n) equals 2-6.	

TT0541	2	*****	THIS IS A SPECIAL INTEREST CASE FOR NHTSA	*****
TT0542		*****	THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0543		*****	FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0544		*****	CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0545		*****	IF GREATER THAN AIS-2, CALL	*****
TT0546			INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.	
TT0547			SEVERITY OI10(n) equals 2-6.	

TT0541	2	*****	THIS IS A SPECIAL INTEREST CASE FOR NHTSA	*****
TT0542		*****	THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0543		*****	FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0544		*****	CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0545		*****	IF GREATER THAN AIS-2, CALL	*****
TT0546			INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.	
TT0547			SEVERITY OI10(n) equals 2-6.	

011

## INTER ERRORS

	OCT0111	2	If INTRUDING COMPONENT IV48(n) and INJURY SOURCE OI12
(p) are	CT0112		related as shown in Table A-15, the INTRUSION NUMBER
OI15(p)	CT0113		should not equal 00. GV=01 QA=01 OI=05

PSU11  
CASE 163J  
CURRENT VERSION: 9.04

## ERROR SUMMARY SCREEN

97

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	3	Y
Occupant Injury	0	0	8	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	12	

```

11163J000000011 969.04000000000000217350000001 96 98 97 9604677400
001000000004677408 0205
11163J00010012 969.04100000000000101F0214F
11163J01000021 9.04 00000000009612013061FASP15J1TW 9990890007
0511211000021115011168
11163J01000022 9.04 0000000000102021601110000000000004007327001001042-039-C
4102299810440301
11163J01000031 9.04 000000000010201FDEW03 144011025038052059051
000 14413625014401000201040101001000
11163J01000041 9.04 00000000006131310000012222202124221012161110111111101
11163J01000042 9.04 0000000000130522131212130412
1000000001612210
11163J01010051 9.04 000000000031216305711140000033000000112114211001111011-C
921010122113021414100000000000023106970000000014159011
11163J01010161 9.04 00000000002852400210072100
11163J01010261 9.04 00000000002450222331522100
11163J01010361 9.04 00000000002541826411522100
11163J01010461 9.04 00000000002541812211522100
11163J01010561 9.04 00000000007890402112541100
11163J01010661 9.04 00000000003490402121522100
11163J01010761 9.04 00000000007790402121703100
11163J01010861 9.04 00000000003490202101522100
11163J01010961 9.04 00000000003390202121522100
11163J01011061 9.04 00000000003890602120142100
11163J01011161 9.04 00000000003890202130142100
11163J01011261 9.04 00000000003890402110072100
11163J01011361 9.04 00000000002450804241522100
11163J01011461 9.04 00000000003890600110072100
11163J01020051 9.04 0000000000311070152139000001303110112412211002111011-C
9210595121130215231000000000000033128970000000014099011
11163J01020161 9.04 00000000002190402111802100
11163J01020261 9.04 00000000002140668391802100
11163J01020361 9.04 00000000002140684391802100
11163J01020461 9.04 00000000002140628591802100
11163J01020561 9.04 00000000007190202111802100
11163J01020661 9.04 00000000007190602121802100
11163J01020761 9.04 00000000007790402121613100
11163J01020861 9.04 00000000007290402111802100
11163J01020961 9.04 00000000007790402111522100
11163J01021061 9.04 00000000007890402121522100
11163J01021161 9.04 00000000007790202111522100
11163J01021261 9.04 00000000007590202181522100
11163J01021361 9.04 00000000002160824501802100
11163J01021461 9.04 00000000007790402111012100
11163J02000021 9.04 00000000009714401144M2DU55P3VU 9990890967
0511211000010162011169
11163J02000022 9.04 0000000000101011602000000000000001027007301001024-023-C
4035099810210301
11163J02000031 9.04 000000000010112FDEW02 148032017015007000000
010 14812828315001000201050101001000
11163J02000041 9.04 00000000000111110000012233303122221011111110112111101
11163J02000042 9.04 0000000000
220000000012110
11163J02010051 9.04 00006666006211650631110000004404112000004211001111011-C
321010122121011314100000000000000000000000002011011
11163J02010161 9.04 00000000007790402110023100
11163J02010261 9.04 00000000007790602121703100

```





OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

11

BEST AVAILABLE

INTRA ERRORS

AVAILABILITY/FUNCTION DA30 equals 1-3, then AUTOMATIC  
ILITY DA23 should equal 0.

OHH2001 2 If AIR BAG  
HH2002 BELT AVAILA

0

OCCUPANT INJURY Vehicle: 1 Occupant: 1

11

INTRA ERRORS

IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
SE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
R ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
ER THAN AIS-2, CALL \*\*\*\*\*  
I12(n) equals 152-154, 162 or 170-195 and A.I.S. \*\*\*\*\*  
) equals 2-6. \*\*\*\*\*

OTT0541 2 \*\*\*\*\* TH  
TT0542 \*\*\*\*\* THIS  
TT0543 \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK  
TT0545 \*\*\*\*\* IF GRE  
TT0546 INJURY SOURCE  
TT0547 SEVERITY OI10

TT0541 2 \*\*\*\*\* THIS IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
TT0542 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
TT0543 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
TT0545 \*\*\*\*\* IF GREATER THAN AIS-2, CALL \*\*\*\*\*  
TT0546 INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S. \*\*\*\*\*  
TT0547 SEVERITY OI10(n) equals 2-6. \*\*\*\*\*

TT0541 2 \*\*\*\*\* THIS IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
TT0542 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
TT0543 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
TT0545 \*\*\*\*\* IF GREATER THAN AIS-2, CALL \*\*\*\*\*  
TT0546 INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S. \*\*\*\*\*  
TT0547 SEVERITY OI10(n) equals 2-6. \*\*\*\*\*

TT0541 2 \*\*\*\*\* THIS IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
TT0542 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
TT0543 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
TT0545 \*\*\*\*\* IF GREATER THAN AIS-2, CALL \*\*\*\*\*  
TT0546 INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S. \*\*\*\*\*  
TT0547 SEVERITY OI10(n) equals 2-6. \*\*\*\*\*

0

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 2

11

BEST AVAILABLE

## INTRA ERRORS

AVAILABILITY/FUNCTION OA30 equals 1-3, then AUTOMATIC  
BILITY OA23 should equal 0.

OHH2001 2 If AIR BAG  
HH2002 BELT AVAIL

HH1981 2 \*\*\*\*\* THIS CASE SHOWS A POSSIBLE AIR BAG FAILURE \*\*\*\*\*  
HH1982 \*\*\*\*\* CHECK YOUR DATA AND IF CORRECT. NOTIFY YOUR ZONE \*\*\*\*\*  
HH1983 \*\*\*\*\* AND NHTSA HEADQUARTERS AT \*\*\*\*\*  
HH1984 DID AIR BAG FAIL OA34 equals 2.

0

OCCUPANT INJURY Vehicle: 1 Occupant: 2

11

## INTRA ERRORS

IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\* OTT0541 2 \*\*\*\*\* THI  
SE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\* TT0542 \*\*\*\*\* THIS C  
FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\* TT0543 \*\*\*\*\*  
R ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\* TT0544 \*\*\*\*\* CHECK F  
ER THAN AIS-2, CALL \*\*\*\*\* TT0545 \*\*\*\*\* IF GREAF  
I12(n) equals 152-154, 162 or 170-195 and A.I.S. TT0546 INJURY SOURCE  
) equals 2-6. TT0547 SEVERITY OI10(

TT0541 2 \*\*\*\*\* THIS IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
TT0542 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
TT0543 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
TT0545 \*\*\*\*\* IF GREATER THAN AIS-2, CALL \*\*\*\*\*  
TT0546 INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.  
TT0547 SEVERITY OI10(n) equals 2-6.

TT0541 2 \*\*\*\*\* THIS IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
TT0542 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
TT0543 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
TT0545 \*\*\*\*\* IF GREATER THAN AIS-2, CALL \*\*\*\*\*  
TT0546 INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.  
TT0547 SEVERITY OI10(n) equals 2-6.

TT0541 2 \*\*\*\*\* THIS IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
TT0542 \*\*\*\*\* THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
TT0543 \*\*\*\*\* FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
TT0545 \*\*\*\*\* IF GREATER THAN AIS-2, CALL \*\*\*\*\*  
TT0546 INJURY SOURCE OI12(n) equals 152-154, 162 or 170-195 and A.I.S.  
TT0547 SEVERITY OI10(n) equals 2-6.

011

## INTER ERRORS

OCT0111 2 If INTRUDING COMPONENT IV48(n) and INJURY SOURCE OI:  
(p) are CT0112 related as shown in Table A-15, the INTRUSION NUMBER  
OI15(p) CT0113 should not equal 00. GV=01 OA=01 OI=05

PSU11  
CASE 163J  
CURRENT VERSION: 9.04

## ERROR SUMMARY SCREEN

/97

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	3	Y
Occupant Injury	0	0	8	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	12	

## SLIDE INDEX

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

[illegible]





PSU 11-163J (1996) # 1



PSU 11-163J (1996) # 2





**PSU 11-163J (1996) #3**



**PSU 11-163J (1996) # 4**



PSU 11-163J (1996) # 5



PSU 11-163J (1996) #6



PSU 11-163J (1996) # 7



PSU 11-163J (1996) #8



PSU 11-163J (1996) #9



PSU 11-163J (1996) # 10





PSU 11-163J (1996) # 11



PSU 11-163J (1996) # 12



PSU 11-163J (1996) # 13



**PSU 11-163J (1996) # 14**



PSU 11-163J (1996) # 15



PSU 11-163J (1996) # 16



PSU 11-163J (1996) # 17



PSU 11-163J (1996) # 18





PSU 11-163J (1996) # 19



PSU 11-163J (1996) # 20



PSU 11-163J (1996) # 21



PSU 11-163J (1996) # 22



PSU 11-163J (1996) # 23



PSU 11-163J (1998) #24



PSU 11-163J (1996) #25



PSU 11-163J (1996) # 26





PSU 11-163J (1996) # 27



PSU 11-163J (1996) # 28



PSU 11-163J (1996) # 29



**PSU 11-163J (1996) #30**



**PSU 11-163J (1996) #31**  
**Best Available**



PSU 11-163J (1996) # 32  
Best Available



PSU 11-163J (1996) # 33



**PSU 11-163J (1996) # 34**  
**Best Available**





**PSU 11-163J (1996) # 35**  
**Best Available**



**PSU 11-163J (1996) # 36**  
**Best Available**



**PSU 11-163J (1996) # 37**  
**Best Available**



PSU 11-163J (1996) # 38



**PSU 11-163J (1996) #39**

**Best Available**



**PSU 11-163J (1996) # 40**  
**Best Available**



**PSU 11-163J (1996) # 41**  
**Best Available**

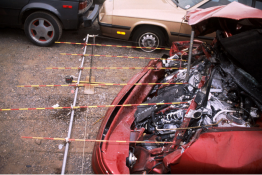


PSU 11-163J (1996) # 42





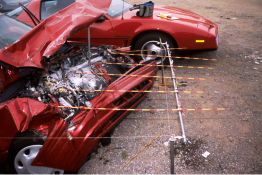
**PSU 11-163J (1996) # 43**  
**Best Available**



**PSU 11-163J (1996) # 44**  
**Best Available**



**PSU 11-163J (1996) # 45**  
**Best Available**



**PSU 11-163J (1996) # 46**  
**Best Available**



**PSU 11-163J (1996) #47**  
**Best Available**



**PSU 11-163J (1996) # 48**  
**Best Available**



**PSU 11-163J (1996) # 49**  
**Best Available**



**PSU 11-163J (1996) # 50**  
**Best Available**





**PSU 11-163J (1996) # 51**  
**Best Available**



**PSU 11-163J (1996) # 52**  
**Best Available**



**PSU 11-163J (1996) # 53**  
**Best Available**



**PSU 11-163J (1996) # 54**



**PSU 11-163J (1996) # 55**  
**Best Available**



**PSU 11-163J (1996) # 56**  
**Best Available**



**PSU 11-163J (1996) # 57**  
**Best Available**



**PSU 11-163J (1996) #58**

**Best Available**





**PSU 11-163J (1996) # 59**  
**Best Available**



PSU 11-163J (1996) # 60



PSU 11-163J (1996) #61



PSU 11-163J (1996) # 62



PSU 11-163J (1986) # 63



PSU 11-163J (1996) # 64



PSU 11-163J (1996) #65



PSU 11-163J (1996) #66





PSU 11-163J (1996) #67



PSU 11-163J (1996) # 68



PSU 11-163J (1996) #69



PSU 11-163J (1996) # 70



PSU 11-163J (1996) #71



PSU 11-163J (1996) # 72

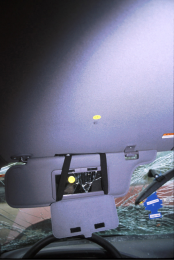


PSU 11-163J (1996) # 73



PSU 11-163J (1996) # 74

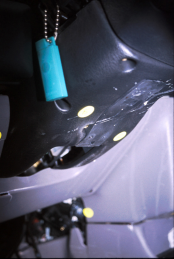




PSU 11-163J (1996) # 75



PSU 11-163J (1996) # 76



PSU 11-163J (1996) # 77



PSU 11-163J (1996) # 78



PSU 11-163J (1996) # 79



PSU 11-163J (1996) # 80



PSU 11-163J (1996) #81



PSU 11-163J (1996) # 82





PSU 11-163J (1996) #83



PSU 11-163J (1996) #84



PSU 11-163J (1996) #85



PSU 11-163J (1996) # 86



PSU 11-163J (1996) # 87



PSU 11-163J (1996) #88



PSU 11-163J (1996) #89



PSU 11-163J (1996) #90





PSU 11-163J (1996) #91



PSU 11-163J (1996) # 92



PSU 11-163J (1996) # 93



PSU 11-163J (1996) #94



PSU 11-163J (1996) #95



PSU 11-163J (1996) # 96



PSU 11-163J (1998) # 97



PSU 11-163J (1996) # 98





PSU 11-163J (1996) # 99



PSU 11-163J (1996) # 100



PSU 11-163J (1996) # 101



PSU 11-163J (1996) # 102



PSU 11-163J (1996) # 103



PSU 11-163J (1998) # 104



PSJ 11-163J (1996) # 105



PSU 11-163J (1996) # 106





PSU 11-163J (1996) # 107



PSU 11-163J (1996) # 108



PSU 11-163J (1996) # 109



PSU 11-163J (1998) #110



PSU 11-163J (1996) #111



PSU 11-163J (1996) # 112



PSU 11-163J (1998) # 113



PSU 11-163J (1996) # 114





PSU 11-163J (1996) # 115



PSU 11-163J (1996) # 116



**PSU 11-163J (1996) # 117**



PSU 11-163J (1996) # 118



PSU 11-163J (1996) # 119



PSU11-163J (1996) # 120



PSU 11-163J (1996) # 121



PSU 11-163J (1996) # 122





PSU 11-163J (1996) # 123



PSU 11-163J (1996) # 124



PSU 11-163J (1996) # 125



PSU 11-163J (1996) # 126



PSU 11-163J (1996) # 127



PSU 11-163J (1996) # 128



PSU 11-163J (1996) # 129



PSU 11-163J (1996) # 130





PSU 11-163J (1996) # 131



PSU 11-163J (1996) # 132



PSU 11-163J (1986) # 133



PSU 11-163J (1996) # 134



PSU 11-163J (1996) # 135



PSU 11-163J (1996) # 136



PSU 11-163J (1996) # 137



PSU 11-163J (1996) # 138





PSU 11-163J (1996) # 139



PSU 11-163J (1996) # 140



PSU 11-163J (1996) # 141



PSU 11-163J (1996) # 142



PSU 11-163J (1996) # 143



PSU 11-163J (1996) # 144



PSU 11-163J (1996) #145



PSU 11-163J (1996) #146





PSU 11-163J (1996) #147



PSU 11-163J (1996) #148



PSU 11-163J (1996) #149



PSU 11-163J (1996) #150



PSU 11-163J (1996) # 151



PSU 11-163J (1986) # 152



**PSU 11-163J (1996) # 153**  
**Best Available**



**PSU 11-163J (1996) # 154**  
**Best Available**





PSU 11-163J (1996) # 155  
Best Available



**PSU 11-163J (1996) # 156**  
**Best Available**



PSU 11-163J (1996) # 157  
Best Available



PSU 11-163J (1996) # 158



**PSU 11-163J (1996) # 159**  
**Best Available**



**PSU 11-163J (1996) # 160**  
**Best Available**



**PSU 11-163J (1996) # 161**  
**Best Available**



PSU 11-163J (1996) # 162  
Best Available





**PSU 11-163J (1996) #163**  
**Best Available**



**PSU 11-163J (1996) #164**  
**Best Available**



PSU 11-163J (1996) #165  
Best Available



PSU 11-163J (1996) #166  
Best Available



**PSU 11-163J (1996) #167**  
**Best Available**



**PSU 11-163J (1995) #168**  
**Best Available**



**PSU 11-163J (1996) #169**  
**Best Available**



PSU 11-163J (1996) #170





PSU 11-163J (1996) #171



**PSU 11-163J (1996) #172**  
**Best Available**



**PSU 11-163J (1996) #173**  
**Best Available**



**PSU 11-163J (1996) #174**  
**Best Available**



PSU 11-163J (1996) # 175  
Best Available



PSU 11-163J (1996) # 176



PSU 11-163J (1996) # 177



PSU 11-163J (1996) # 178





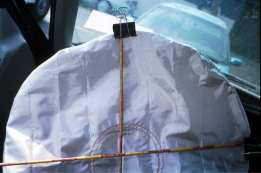
PSU 11-163J (1996) # 179



PSU 11-163J (1996) # 180



PSU 11-163J (1996) # 181



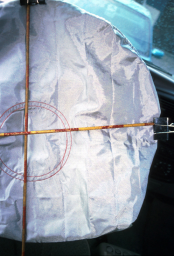
PSU 11-163J (1996) # 182



PSU 11-163J (1986) # 183  
Best Available



PSU 11-163J (1996) # 184



PSU 11-163J (1996) # 105



PSU 11-163J (1996) # 186





PSU 11-163J (1996) # 187



PSU 11-163J (1996) #188



PSU 11-163J (1998) #189



PSU 11-163J (1996) #190



PSU 11-163J (1996) #191



PSU 11-163J (1996) #192  
Best Available



PSU 11-163J (1996) #193



PSU 11-163J (1996) #194





PSU 11-163J (1996) #195



PSU 11-163J (1996) #196



PSU 11-163J (1996) #197



PSU 11-163J (1996) #198



**PSU 11-163J (1996) #199**  
**Best Available**



**PSU 11-163J (1996) #200**  
**Best Available**



PSU 11-163J (1996) #201  
Best Available



PSU 11-163J (1996) #202  
Best Available





PSU 11-163J (1996) #203  
Best Available



PSU 11-163J (1996) #204  
Best Available



PSU 11-163J (1996) #205



PSU 11-163J (1998) #208



PSU 11-163J (1996) #207



PSU 11-163J (1996) #208



PSU 11-163J (1996) #209



PSU 11-163J (1996) #210